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ORIGINAL LECTURES.

CLINICAL LECTURE ON A CASE OF TYPHOID FEVER, COMPLICATING PHTHISIS.

Delivered at University Hospital

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Reported by W. H. MORRISON, M.D.

GENTLEMEN,—Dr. Pepper has informed me that he cannot meet you to-day, and has requested me to occupy the hour. I shall ask your attention to a retrospective view of the diagnosis of this case. My interest has been excited because the symptoms have suggested a few of the considerations which might influence a differential diagnosis between catarrhal fever and acute miliary tuberculosis. The patient, a young man 25 years of age, was admitted May 5, 1882. For more than two weeks he presented many of the symptoms of typhoid fever,—*i.e.*, hebetude, diarrhoea, tenderness over the right iliac fossa, a non-characteristic papular eruption, and a temperature which eventually proved itself characteristic of that disease, although for the first week it was not at all typical. In addition to these general symptoms, physical examination enabled us to discover at the apex of the right lung the ordinary signs of incipient phthisis. Inquiry into the family history showed positive predisposition to phthisis, both parents and several other members of his family having died from that disease. With the symptoms above mentioned, with such a family history, and with distinct evidences of consolidation at one apex of the lung, the question arose as to whether this might not be a case of general catarrhal process with implication of bronchial and intestinal mucous membranes. Secondly, might not the lesions consist in a miliary tuberculosis in which the pulmonary and intestinal regions were involved?

In order to make this subject clearer, I shall ask your attention for a few moments to the consideration of the nature of catarrhal fever. This fever is quite common, especially in children, in whom it may ac-

company acute or chronic derangement of the digestive processes with diarrhoea, or the bronchial tract may be involved.

But what is the cause of catarrhal fever? There is one phrase which I think is misunderstood, or at least misapplied, by the student and practitioner. I refer to the term oxygenation of the tissues. Very often the impression exists that between the blood and the tissues there is a process of oxygenation going on which is equivalent to the process of oxygenation in the chemical laboratory,—that is, a union of carbon and oxygen with the production of heat. This is not really the case. It is rather an atomic rearrangement of the elements composing the tissues. The food is taken into the digestive canal, is there elaborated into certain products, passes to the liver, thence enters the circulation and is prepared for absorption. This absorption is a process of appropriation of the atomic constituents so elaborated,—a process by which the tissues, in this rearrangement or appropriation of the elements which they require, leave in the blood the elements not essential to nutrition, which are eliminated in the form of carbonic acid, urea, etc. You see, then, that the term rearrangement would be more suitable than oxygenation. This process of rearrangement is one of the chief causes of the production of heat. When the processes of nutrition are positively affected by some outside cause, then molecular changes run riot.

Sometimes this derangement is brought about by the absorption of some specific poison, as in typhoid fever, and sometimes by an impression on the system from exposure to cold.

Again, an irritant enters the digestive canal, and we have heat produced in one of two ways,—either from the absorption of partially elaborated food, which is incapable of assimilation, or, as some believe, by a reflex action upon the nervous system by which the special nerves which rule the process of nutrition are placed in such a state that their physiological action is impaired. Indeed, the entire process of fever is very probably always a neurosis. At all events, in disorders of the digestive canal the supply of material suitable for the nutriment of tissue is reduced, and tissue-waste is increased. If the temperature of the body is elevated, it is due to external causes.

For instance, if the heat produced is rapidly passed away from the body, there will be little or no rise in the temperature; but if a large portion of the heat is retained, there will be a corresponding increase of the body-heat.

To return to our patient: had he, in consequence of an inherited scrofulous taint, a vulnerability to catarrhal inflammation? Had this catarrh involved not only the bronchial passages but extended to the parenchyma of the lungs, giving rise to the signs of incipient phthisis in the right apex as a principal element in his case? Were the symptoms of irritation of the intestinal tract, the diarrhoea, tenderness, due simply to a catarrhal process aiding to produce elevation of temperature by a method already indicated, or had we from the first a case of typhoid fever complicating a case of phthisis in its early stages?

We were unable for the first ten days to make a positive diagnosis. Possibly the case might have been more clear had we possessed an accurate history of the onset of the disease. We were unable to tell whether the patient had suffered with the prodromic symptoms of typhoid fever. On the whole, however, the evidence was in favor of the attack being recent.

The patient said that he had been ill only ten days before admission, but, as his intellect was somewhat dull, we could not place perfect reliance on his statements. The first point, then, in the differential diagnosis is the nature of the onset of the illness. If this had been a case of simple catarrhal fever, we should probably have had a history of cough for the past month or two, associated with some indisposition and possibly fever.

In the *Medical and Surgical Reporter* for May 13, 1882, you will find a case recorded by an English physician of note in which the symptoms were those of typhoid fever. The autopsy, however, revealed none of the essential lesions of typhoid fever, but showed consolidation of the lung and evidences of catarrhal inflammation of the intestine.

The next point, in the absence of any positive history, on which I was inclined to base my diagnosis was the temperature. Clinically, the temperature of typhoid fever is often markedly variable. Cases may run their entire course and the temperature not rise over 101°. Again, towards the beginning and end of the attack the temperature

may be very variable. Thus, in the present case the temperature was—on May 11, A.M., 103°; noon, 104°; P.M., 104°. May 12, A.M., 101°; P.M., 101½°. May 13, A.M., 101°; P.M., 102°. May 15, A.M., 99°; P.M., 102°. The beginning and end of the attack may present these irregularities, but during the height of the fever usually the temperature is high or low. There is a difference of a degree or a degree and a half between morning and evening in favor of a higher temperature at the latter time. As soon as I noticed such a variation in this patient and the irregularity continuing for a week, the diagnosis was materially aided. Another useful point was the fact that although the symptoms in the lung continued, they did not rapidly increase in severity. On the contrary, the treatment addressed to the bronchial process was effective. If the trouble had been primary in the lung and the other symptoms secondary, our treatment would not have been so efficacious.

The following, then, were the points on which the diagnosis was based. 1. That the illness was probably developed after two or three weeks' incubation. 2. That the temperature, on the whole, was that of typhoid fever. Finally, that the lung-trouble yielded to simple treatment.

In regard to the exclusion of tuberculosis. The catarrhal trouble of which I have spoken might have been due to a secondary tuberculous process. When one speaks of an acute miliary tuberculosis, one means an eruption of miliary tubercles throughout the entire body, intestines, lungs, and other viscera. Time will not permit me to discuss the physical examination of the lung, as it would involve the consideration of a series of pulmonary physical signs, which are of a negative rather than a positive character. However, there are two or three general symptoms which are salient features in the diagnosis of miliary tuberculosis. One of the most valuable is the pulse. You may consider that the pulse-rate must be over 120 per minute, and remain so persistently, to make the diagnosis of tuberculosis at all probable. In this patient the pulse was not over 100. In the typhoid state of typhoid fever the pulse may be rapid, but in the early stages the pulse is not usually over 100 per minute: indeed, this is a diagnostic point between typhus and typhoid fevers. The rapid pulse in tubercu-

losis is associated with venous repletion, and the surface is of a dusky hue. This is a very pronounced symptom. Again, in tuberculosis there are drenching sweats. These symptoms, with the evidences in the lung of some pulmonary process without the characteristic signs of consolidation, will suggest the diagnosis of acute miliary tuberculosis, which, by the way, is a rare disease.

Although we have failed to find in this case many symptoms characteristic of typhoid fever, and have failed to develop much that might be said upon catarrhal fever or acute miliary tuberculosis, yet our patient remains before us an example of typhoid fever passing through its natural course having complicated a case of previously-existing *incipient* phthisis. Observe his chest. He has what is commonly called the phthisical thorax,—*i.e.*, a long and narrow chest. There is also a moderate amount of pigeon-breast deformity. If it were not for this deformity you would more readily see that the antero-posterior diameter of the chest is reduced. From the peculiar appearance, these individuals are sometimes said to possess a coffin-shaped chest, painfully suggestive of their destiny. The pigeon-breast deformity can probably be traced to attacks of rickets during infancy or childhood. These persons are very prone to pulmonary disease, although with care this tendency is sometimes overcome. But catarrhal processes may predispose the intestinal canals to inroads of the poison of typhoid fever. The prior inflammatory action provides the most suitable environment for the germs of fever-poison, equally as catarrhal inflammation of the tonsils and pharynx prepares the environment for the attacks of diphtheritic germs.

The treatment of our case is based on a familiar plan. As soon as the tenderness and diarrhoea became marked, the following pill was used:

R Argenti nitratis,
Pulv. opii, aa gr. ii.
M. et ft. div. in pil. no. xii.
Sig.—One t. d.

He was given at first four and finally eight ounces of whisky per diem, according to the indications of the pulse. Quinine three grains three times a day, given only in tonic doses, and not with a view to control the temperature. When the temperature reached 104°, sponging of the

body was employed, also cold was applied to the head, and cold cloths over the abdomen. These latter measures efficiently supplement sponging, and may be used exclusively in private practice when for any cause general sponging is inadmissible. Turpentine was also prescribed, according to the following formula:

R Ol. terebinthinæ, gtt. 140;
Glycerinæ, 3ii;
Mucil. acaciæ, 3ii;
Ol. gaultheriæ, gtt. xviii;
Aquæ, q. s. ad f3iv. M.

Sig.—Two teaspoonfuls four times daily.

To each dose of the above eight drops of tincture of digitalis were added.

To relieve cough, he was given the following:

R Morphiæ acetatis, gr. ¼;
Tinct. hyoscyami, 3jss;
Syr. tolutani, 3ijss;
Aquæ, 3ss. M.

Sig.—Two teaspoonfuls when indicated.

Turpentine stupes were applied externally, and the chest protected by a cotton jacket.

ADDRESS.

THE RELATION OF THE COUNTY MEDICAL SOCIETY TO THE PROFESSION AND THE COMMUNITY.

BY ALBERT H. SMITH, M.D.

*Delivered before the Philadelphia County Medical Society,
April 29, 1882.*

IN accordance with the provisions of the By-Laws, I am required to make a public address at the conclusion of my term of service as President, and I am thus afforded an opportunity to say formally what I have already expressed informally, yet from a heart-felt sense of my obligation to the Society,—my debt of gratitude for the favors of the past. Unexpectedly honored, after but a short membership, with the highest office in your gift, I felt from the first that I could rely upon your kindness and leniency for help in a position so spontaneously offered me, and that shortcomings would be tolerated, and deficiencies condoned, in the administration of my office. I have, in the two terms of my service, fully realized that I have been the servant of a generous and indulgent master. For the uniform courtesy and consideration shown me, I cannot sufficiently express my grateful acknowledgment.

But most of all is my obligation due to the great body of the Society, who have come forward to make the term of my Presidency one to which we can look back with more than satisfaction, as marked by unusual growth and vitality,—large growth in number, great vitality in work. At the time of my first election, in January, 1880, the membership of the Society was two hundred and seventy-five; during my term of two years there have been elected one hundred and ten new members, of whom ninety-seven were introduced and admitted to actual membership; we have lost by death eight members, by resignation one, and by forfeiture of membership five: so that we number at the termination of my service, in January, 1882, three hundred and fifty-eight, being an actual increase of eighty-three members. And it is no small source of satisfaction to look at the list of those elected during that term, and find among them many names of those who, when elected, occupied a high position in the profession, and who have taken their places already among our active workers, putting shoulder to shoulder with the older members to contribute to the common stock of material for mutual improvement.

But it is to the work that we have done that we can refer with special satisfaction; not merely the actual work, but, what is more important, the new foundations laid, upon which the Society in the future shall build up a massive superstructure, which shall make it a citadel of strength in giving increased influence and weight to the profession, in educating the community in Sanitary Medicine, and thereby striking a vigorous and ultimately effectual blow at the root of charlatanism in all its varied forms. Our Transactions show a mass of work which will compare favorably with that of any general Medical Association in the world,—the proceedings of our Conversational Meetings, held twice in every month,—the contributions of Philadelphia's best thinkers and workers in the profession. The articles there found present material for study and instruction in every branch of medicine, general and special, and the main striking feature of the papers presented to our meetings, as I hope will always be the case, is their thoroughly practical bearing upon the everyday work of the general practitioner. I say that I hope this will always be the case, because I feel that it is more in harmony with the purpose of the County Medical Society as a developer and educator of the profession than if our meetings were made the field of culture for the abstruse paper of the specialist, which, to the average general every-day practitioner, merely comprises an ostentatious display of what the specialist knows or what he can do, which his humble brother, engaged in the routine of hard work, has no time to study understandingly, and no prospect of being able to put into practice. Such work as this latter must be done by the special societies, which

must ever have their important and necessary function in the profession, while the County Medical Society must be the common ground upon which all can meet and discuss the matters in which all are interested; where facts can be brought forward which are within the capacity of all to recognize, and laws of practice within the grasp of all to understand; where the specialist brings out from the accumulated stores which his opportunities have favored him in laying up, not dazzling recitals of bold performances which his brethren would not aspire to imitate; not bids for the handing over of cases which he alone has the ability to manage; not the advertisement of the "forthcoming book," which, like the trashy novel in the weekly journal, sends out its initial chapter gratuitously, that it may excite a morbid zeal in the purchase of its continuous numbers; not any of these, but the results of his experience put into such shape that the practical every-day worker in the field of general therapeutics may be taught how he himself may adopt them and adapt them in the general interests of humanity. Such has been the character of our work, and such, I may say again, I hope it always will be. It would be useless to attempt a synopsis of the papers read before us: they are to be found in the published volumes, in which we may have the right to indulge in a little pride, as the first-fruits of our labors, even though we may decide hereafter that it is more to the interest of the profession at large to give them a different and more general circulation than such volumes are calculated to do.

But during the last few months of my service I have had the satisfaction of seeing organized and put into practical operation a new scheme for the further utilization of the experiences of the trained thinkers and systematic workers for the benefit of the common fund of knowledge. I refer to the important step which has been taken in the establishment of the Committee on Clinical Pathology, and the appropriation of a meeting in every month for its use. Here we have a great foundation laid, upon which to build, from year to year, in the future history of our Society, a grand edifice, a training-school for the profession, where the everyday experiences of all may be brought out for the good of all; where no man feels so humble that he cannot bring forward his problem to be solved, none so exalted that he is not ready to make his knowledge useful in its solution. Under proper management, then, and with the eye of the committee kept singly to the general and common good, this clinical meeting promises to assume the position of the educator of the rank and file of the profession, to become really the true *Post-Graduate Course* of medical instruction. Here the hard-working man, who has no time to attend upon systematic courses of college teaching,

and who can scarcely devote time enough to read the standard journals and new literature of the medical press, to keep himself fresh and bright as to the constant additions to medical knowledge which science and experience are daily making, can sit as a free scholar; he can listen to the expoundings of abstract doctrine and the deduction therefrom of practical rules, concentered and made impressive by their immediate association with, and verification by, the actual clinical observations of close and accurately-trained investigators. On the other hand, every such investigator may become a clinical teacher, and establish for himself a position as such dependent only upon his own merits, and not needing the aid of nepotism or favoritism for his advancement, nor fearing that jealousy or personal pique can degrade him; the professors and teachers of every honorable school may become instructors, but remembering that they can claim no divine right inherent in their station which can place their dicta above the searching scrutiny of scientific criticism. I do not want to be a vain enthusiast, nor to appear to be saying extravagant things to tickle and flatter the ears of my hearers; I do firmly and conscientiously believe that, if the new function of our Society is properly developed and sustained by the earnest hearty effort and honesty of purpose of those who have it in hand, supported by the zealous co-operation of the individual members, my prediction as to its future as a source of growth will be more than realized.

Another step in advance made during the past year, which will add to the value of our meetings, is the invitation to lecture before us of eminent and reliable teachers from other cities, thereby not only availing ourselves of the advantages of their experience as practitioners and their accomplishments as teachers, but cultivating cordial relations between our profession here and our brethren elsewhere. It is earnestly to be hoped that the course thus adopted will be maintained in every succeeding winter; and yet, at the same time, we must guard against a too frequent calling of such lecturers, however eminent, with the risk of putting them in a position so prominent as to depreciate the work of the more humbly placed yet equally good workers in our own midst. This feature of our work must be in perfect harmony with every other feature, and we must remember the only legitimate object of such invitations to lecture to be a mutual favor in the interchange of social and professional courtesies, promoting a kindly feeling between the practitioners of neighboring cities and our own. If we let the impression prevail that we extend such invitations simply as suppliants for instruction, because we have a deficiency of teachers in our midst, we unjustly depreciate our own resources, and encourage an assumption of generous benefaction on the part of those who

come to us. It should be quite the reverse, and one condition of such invitation should be, that the paper read before us should be in the main a new contribution to medical science, or, at any rate, a bringing before us of some new theory or method of practice which has not before been generally published; otherwise we will soon have the lecturers presenting us with rehearsals of old lectures to their students, or of slight modifications—or perhaps no modifications at all—of papers already in the medical journals. It should be also an invariable condition that these papers should be contributions to our Transactions, over which we should have exclusive control, as in the case of contributions from our own members.

It would be superfluous to refer to the work done by the various committees, the standing as well as the special,—all working for the common good, and for the good of the community.

But, in addition to the scientific work we have done, I cannot pass over, without doing violence to my inmost feelings, a forward step that our Society has taken in the matter of our relation with our fellow-practitioners. It will be with no little glow of honest and virtuous pride that I shall recall during my lifetime the recollection that during my term of service the Society did honor to its sense of moral obligation by an act of long-delayed justice and right; that it wiped out the past edicts of proscription and intolerance with which our records were stained, and our fair fame as men devoted to a pure philosophy deeply tarnished; that it ceased to sustain and foster that ostracism which petty jealousy and narrow-minded bigotry had aimed at a class of faithful workers in the field of medical science; that by an almost unanimous vote (would that it had been fully so!) we have at last proclaimed to the world that the little band of women who have been now these many years working in the same field as ourselves, struggling against persecution and scorn and ridicule, yet loyal to truth for truth's own sake, never wavering or faltering in their devotion and adherence to the principles of regular medicine, yet with the foot of the regular profession upon their necks, contributing year after year to the common stock of scientific knowledge, and working effectually for the diminution of human suffering,—that these faithful and loyal women are no longer to be despoiled of their rights simply because they are women, powerless to compel the recognition of those rights, but that they are to be placed upon a footing of equality with applicants of the dominant sex, subject only to the same conditions and qualifications for membership; that at last we have had the manliness to admit the claim of women to admission to our ranks, a claim, as I hold it, not upon our favor or our courtesy, but of absolute and inalienable right.

After thus reviewing the work done amongst ourselves in a term of two years, the question arises, What more can we do to fill our proper station in relation to the profession and to the community? Much, very much more. Our function in these relations has scarcely more than entered upon an embryonic stage. It is profitable for us now and then to stop and consider what are our legitimate functions in the professional and civil relations, and we cannot do better than refer to our charter for information. And what do we here find? That we are associated together to promote the "organization of the medical profession," "the elevation of the character and protection of the rights and interests of those engaged in the practice of medicine, and the study of the means calculated to render the medical profession most useful to the public and subservient to the interests of humanity." Here is, indeed, a broad field for work, and every one of us upon assuming the responsibilities of membership has solemnly pledged himself to use his best endeavors to promote this work. And I wish this evening to ask every member to institute a self-inquiry as to how he is redeeming that pledge, and how he may in future more honestly and faithfully redeem it.

Let us look first at the relation with the profession. We find it prescribed as our function to "organize" it, to elevate its character, and protect the rights and interests of those constituting it. Two questions are presented in the consideration of this matter: first, who constitute the medical profession? and, secondly, how shall we thus perform our duty to them?

As to the first, is the medical profession constituted of a select few, or does it embrace the whole company of the loyal disciples of Hippocrates who are faithful to the teachings of science? Manifestly the latter; clearly does our charter give us a fostering care over every practitioner of medicine, a graduate of a respectable school, of good moral and professional reputation, and who has not disqualified himself, under the exact terms of our By-Laws, from association with loyal regular physicians. The medical profession can only be limited by those qualifications; and every man and woman practising medicine regularly is, so far as a willingness exists to be thus included in the band of the faithful, a just and lawful claimant for the fostering care, the elevating influences, and the protection of his or her interests by the body of men who now constitute the Philadelphia County Medical Society. The County Society is the great authoritative representative body of the whole profession in the county; it is not a medical club; it is not an organization of selected medical friends; not an association founded upon the personal intimacies and congenialities of its members; but a great, broad, democratic organization for the mutual benefit of

all the profession, and to which every respectable and qualified practitioner can demand admittance, as every man born in the State can claim recognition of the rights of citizenship. Until we freely admit this claim, we are not living up to and promoting the end for which we banded together.

How, secondly, shall we best fulfil the sacred trust which we have in solemnity and good faith assumed? By drawing them to us, by educating them, by letting them feel that the shield of the Society is put between them and any unjust attacks, and its fostering arms ready to be thrown around them in misfortune or trouble. Are we drawing them to us? We are increasing our membership, it is true; but how far do we yet fall short of carrying out the requirement of our charter for "organizing the profession"! In the Physicians' Directory we find the names of over one thousand regular practitioners, and our membership in January was three hundred and fifty-eight,—scarcely more than one-third. I know full well that we would never be able to embrace the whole regular profession in our membership, because some will decline such association; but are we drawing to us all that we might and ought? I believe not. Do we make it easy for the timid and shrinking, the young and modest, the poor and struggling members of the profession to come to us, to have their character elevated and their rights protected? On the contrary, we have placed in our By-Laws a provision which gives to a factious, but well-organized, minority of one-third at a stated meeting, held, as it always is, at an unreasonable hour for the attendance of the members who are busy working men, the privilege of rejecting any name against which a determined leader chooses to direct his animosity, even though that name has been reported by the censors as without professional spot or moral blemish, and when the friends of the applicant would have such thorough confidence in his success that they would think it unnecessary to make any organized effort to elect him. Thus a man without professional reproach or moral obliquity is deprived of his clear and undeniable right under our charter by the easy effort of any one who has a personal pique to gratify against him. I know men now in our city of high standing as practitioners in their neighborhoods, and of unimpeachable integrity, who are unwilling to have their names brought forward for membership because of this clause in our By-Laws giving the power of defeating them to a handful of men under the lead of some whom they know to have an antipathy to them, however groundless and unwarranted. My brethren, these things ought not to be. Such a provision, giving a rejecting power to a few, is utterly antagonistic to the spirit of our charter, and inconsistent with the true dignity of a scientific body formed for the purposes involved in our or-

ganization. Let us see if we cannot mend it, —make the difficulties of obtaining membership as little as possible behind the report of our censors, whom we can implicitly trust, if every man is honest and manly in sustaining before them all just charges against candidates for membership, instead of waiting to stab them in secret through the ballot-box.

My plan is to bring in every practitioner of respectable professional and moral character, man or woman. If he is ignorant, educate him through his attendance at our meetings, interest him in the new facts brought before him, stimulate him to study by developing before him the manifold treasures of medical science, make him feel kindly and with brotherly tenderness the advantages to accrue to him through an increased knowledge; if he is defective in the instinct which makes him a congenial companion, let him be brought into constant contact with those who have had superior advantages, and, if the intercourse be characterized by the true spirit of gentlemanly courtesy, that contact cannot fail to refine and cultivate him. Thus only will we be carrying out the spirit and letter of our charter, in elevating the character of the profession. If he has been guilty of no wilful violation of the law of the land or of the moral code, such as to unfit him for intercourse with honest men, or if he is free from such professional or moral practices as would make his membership a reproach to our association, draw him to us, educate him, refine him, and he may be a brand plucked from the burning, an honor to society, when otherwise he might have been a reproach. Shall we not give to this our serious thought, and make, each one of us, the self-inquiry, "Am I doing all in my power to elevate the character of our profession?" Working in this direction, we shall steadily harmonize the various discordant elements amongst us, jealousies and contentions will become rare, progress in development will be steady, and the County Medical Society become, not the battle-ground of cliques and parties, but the area for laudable contests in the search for truth, a great temple of science, where the worshippers, without distinction of sex, or race, or nationality, or religion, shall simply vie with each other in their devotion to science, their pride in the profession of their adoption, and their earnest efforts to promote harmony in its ranks and success in its work for suffering humanity. Thus also will be increased our effective force in protecting the rights of injured brethren, and our moral weight in the community steadily promoted.

And this brings me to the subject of our relations with the community. Our charter makes it obligatory upon us to "study the means calculated to render the medical profession most useful to the public and subservient to the interests of humanity." Now, there are many ways in which this provision can be

carried out. One of the most important functions of the County Medical Society is to trample out charlatanism in its various forms, from the vending of the universal panacea and the selling of charms, up to the regularly organized and partially systematized deceptions of homœopathy and eclecticism. Will we do this by proscription and the outpouring of vindictive hate? In no way can we more surely strengthen it. The blood of misguided fanatics has been no less the seed of heresy, than has that of the martyrs the seed of the church. There has been no error advanced in the history of the world which has not been strengthened for the time by a wholesale and indiscreet persecution, with its attendants of tirade and ridicule. Nor will we accomplish it by health-laws or provisions for registration: these may indeed be instrumental in diminishing or even in entirely removing from our midst the grosser forms of quackery, which are but little dangerous, because in their rudeness and buffoonery they fail to reach more than a small circle of the profoundly ignorant and superstitious; but, on the other hand, they actually legalize and establish on a firmer basis the more refined and therefore more dangerous forms of medical fraud which come upon the community supported by the diploma of any institution chartered by the legislature under the false designation of a medical school. And still further will our efforts be unsuccessful if we attempt to destroy and enfeeble error by the novel method proposed by the profession of a neighboring State,—in affiliating with falsehood, meeting it, shaking hands with it, under the plea of generosity and the need of moderating an unjustifiable intolerance. We *cannot* be too intolerant of actual error in our own hearts; we need not be aggressive, or attack it violently, but neither must we be led into making compromises with it and giving it entrance and foothold in the temple of truth. Not only will the plan proposed in New York not diminish quackery, but it will promote and develop the vilest and most detestable form of it, in the persons of a class of charlatans whose only purpose is to rob the community, under pretence of practising either system of medicine, or selecting the best features of each. We may respect the genuine homœopath, and give him credit for sincerity and honesty, while we pity his delusion; but the fraud which would attempt to palm itself off for liberality, by adopting the name of homœopathy, and in reality resorting to the use of regular practice, merely to fill the pocket by pandering to a popular weakness, and then strengthening its position by a sophistical claim to generosity and wide liberality, must meet with the utter contempt and abhorrence of all respecters of truth and honesty. And it is with this class that the specialists of New York propose to affiliate for their own pecuniary profit. Truly do they meet a just

reward, when the professors of old homœopathy reject their advances with scorn: these do not want to affiliate with them, they do not desire consultation with regular physicians, knowing full well that a consultation of two men who do not recognize the same fundamental principles in science cannot be anything but an empty form, a mere farce. Hahnemann and Hering and Helmuth would no sooner have sought such consultation than would Physick or Rush or Meigs. It is only the money-making doctor, the worst of all charlatans, in whatever rank he be found, who advocates this affiliation as a proper thing. We will never stamp out quackery by this method.

To serve the community in this matter, we have two plans to follow, with assurance of good results. First, to encourage a higher grade of education in the profession. For the deficiently educated practitioner, already hard at work, we have the meetings of our County Medical Society, with its vast amount of material and discussion, and the intelligent practitioner, who also reads as fully as he can, will pick up in this way almost a full college course of medical learning. But we must throw all our influence towards the adoption of a higher and steadily increasing grade of scholarship in the medical schools. Let us individually and collectively use our influence for the highest educational course, and let us throw our favor towards the election of honest, conscientious teachers in the colleges, who will teach under a full sense of the awful responsibility of giving instruction to the young student of medicine, upon the soundness of which will depend the lives of many, many human beings. There is no more powerful means of rooting out ignorance and delusion from the minds of the people than to send out from the graduation-form the best educated men in their profession: bring truth in conflict with error, and the latter must ultimately give way.

But another essential to our successful attack upon charlatanism is the speedy getting rid of it in its many forms in our own midst. The sensationalist, the alarmist, the man who magnifies the importance of the disease in his patient to increase his reputation from its recovery, or to fill his purse from the highly-wrought anxieties of a tender parent,—the man who calls every redness of the fauces a "diphtheritic sore throat," using an expression which, in any case, conveys a false impression, the throat being either affected with genuine diphtheria or not at all,—the charlatan, in whichever of these forms he appears, becomes the worst of all charlatans, and, in his desire to accumulate money at the expense of an anxious mother's feelings, deserves our thorough reprobation. We find the same spirit exhibited in the man who runs wild over "sewer gas," and another over "blood-poisoning," another over "malaria," using names

associated in the public mind with the most alarming, malignant, and fatal conditions, to apply to simple cases of disease, altogether remote from any such conditions. Another form of charlatanism in our midst is the filling of the medical journals with papers containing highly-colored accounts of professional work, exaggerated statements of individual experience, authoritative expressions of opinion, presumably founded upon an amount of experience never possessed; the encouraging of newspaper reports of clinical work, always exaggerated and over-laudatory; the publishing of lectures for popular distribution, upon subjects which should reach only the guarded professional eye, and of doubtful necessity or utility even for that: all these are merely different forms of charlatanism, and all the worse because they are practised by those who have subscribed to the Code of Ethics, and been trained under the very eaves of the sanctuary, and received the confidence and trust of their professional brethren; far worse than in those who are bound by no code and recognize no obligation to any band of brethren. The root of all charlatanism is the love of money, and the man who is devoured with this sordid passion soon runs into unrestrained license, and, little by little, forgets that he is the minister of science and the priest of humanity. While all must live, and while we are bound to employ our talents and our education to the proper laying up of the means of subsistence, when we let this become the dominant purpose of our lives and the controlling influence in our relations with our patients and the community, then do we become ourselves unworthy members of a pure and high-toned profession, sham votaries of a noble, yea, the noblest, science, and prostitutors of those talents from their legitimate use. Let us, then, do all we can to frown down every form of charlatanism in our ranks, every irregular practice, every bid for fictitious popularity, every trick for the procurement of unearned pay. Before we sit in judgment upon the acts and principles of others, or attempt a course of proscription or denouncement, let us see that our own skirts are clean; let us pause and make a self-investigation before we cast the stone.

Then, when we present before the world an unbroken front of earnest, honest, unselfish workers in the cause of a suffering humanity, when with clean hands and pure hearts and with arm linked in arm moving forward in our common purpose of serving the common good, with no member of the profession left out, except by his own act and will, with no banner of proscription except that of an unchangeable warfare against manifest error, and an unwavering stand against moral evil, then can we come before the community as instructors, as watchmen upon the tower of its defences, as authoritative and accepted

advisers in everything that relates to the health and safety of the people; then, when we raise our voices in behalf of a clean, well-paved, well-lighted city, and appeal for the protection against pestilence on behalf of the parents and children in our midst, then, and then only, will we be listened to with respect and followed in ready obedience to our teachings.

In our efforts to bring about a social and fraternal feeling amongst us, we must not forget a noble institution which we have just founded, in which we can do a service of brotherly love, not only to the present but to the future members of our body; in which we, while prosperous and in the reception of good returns from our work, may be laying by a ready help in time of need, perhaps, for ourselves, at some future period of possible adversity, at any rate certainly for others who may come after us, as unfortunates and destitute. I refer to the Mutual Aid Association, and I wish to appeal to the members of the Society to come forward and give to this noble work a more generous assistance than it has yet had.

With earnest hopes for the future of our Society, and a firm assurance of increasing vigor and usefulness and a career of honor and a high place among societies of the world, I will again thank you, Mr. President and gentlemen of the Society, for the many undeserved kindnesses of the past.

NOTE.—This address should have appeared in Vol. IV. of the Proceedings of the Society, but owing to the loss of the manuscript it has been delayed until now.

ORIGINAL COMMUNICATIONS.

FOREIGN BODY IN THE BLADDER, WITH ENLARGED LOBE OF THE PROSTATE—MEDIAN LITHOTOMY, AND AVULSION OF THE PROSTATIC GROWTH—RECOVERY.

BY PROF. ASHHURST.

Reported by H. R. WHARTON, M.D.

MR. W., aged 61 years, was admitted to a private room in the University Hospital, September 28, with the following history. For more than ten years he has suffered from pain and difficulty in passing his urine, and for the last five years has been compelled to use a catheter. Seven weeks before his admission to the hospital, while introducing a soft French (Nélaton's) catheter, it became engaged in the neck of the bladder, and, when withdrawn, the portion in advance of the eye was left in the organ.

After this time his symptoms became much increased in severity, and he was compelled to empty his bladder at intervals of ten or fifteen minutes through the day and night.

The patient being etherized, a sound introduced into the bladder came in contact with a small movable body covered with calcareous matter, and the bladder was found to be much contracted and ribbed, and the prostate gland to be much enlarged, particularly in its median portion.

On October 2, Prof. Ashhurst removed the foreign body by the median operation. The patient was etherized, and an ordinary staff, grooved on the back, was introduced into the bladder, which was then opened from the median line of the perineum, and about one inch of the end of a soft gum catheter covered with phosphatic deposit was removed with a small scoop. On exploring the wound, there was found a projecting irregular growth, about the size of the first joint of the thumb, springing from the prostate, and almost completely occluding the internal orifice of the urethra. This was twisted off with forceps.

The patient reacted well, but several hours after the operation had a free consecutive hemorrhage, which necessitated the packing of the wound around a catheter.

He did well after this, the packing coming away, without bleeding, on the fourth day. From this time the patient rapidly convalesced, and left the hospital on October 25, with his wound healed, entirely free from pain, able to hold his water two or three hours at a time, and urinating in a full stream without the aid of the catheter.

REMARKS BY DR. ASHHURST.

The removal of a foreign body from the bladder by the median operation presents in itself no novelty calling for comment; but the interesting feature of this case is the successful attempt which was made to relieve the patient from the effects of chronic prostatic obstruction by the removal of the occluding growth,—the so-called "enlarged third lobe" of the prostate. The propriety of supplementing the operation of lithotomy, in old men with prostatic hypertrophy, by enucleating any semi-detached glandular masses which might be found in the wound, was strongly advocated by the late Sir William Ferguson, and a similar course has been adopted by Messrs. Cadge and Williams, of Norwich, Keith, of Aberdeen, Harrison, of Liverpool, and, no doubt, other surgeons. The result in the case now recorded was eminently satisfactory. Except for the consecutive bleeding, which, some hours after the operation, required the plugging of the wound, the patient had really not a single unfavorable symptom. The relief from pain which followed the removal of the foreign body was immediate, and when,

as the wound began to heal, the urine flowed in a gradually increasing stream per urethram, his gratification at the prospect of being able to dispense with the catheter, which for five years had been his sole means of emptying the bladder, was very plainly manifested. The operation not only relieved him from the immediate source of danger,—the broken catheter-end in his bladder, and the consequent cystitis,—but effected a radical cure of his long-standing chronic ailment,—urinary retention from enlargement of the prostate.

It seems to me that a case like this opens a wide field for discussion as to the possible propriety of employing operative measures in advanced examples of prostatic disease, even without the complication of a foreign body or calculus in the bladder. For cases of ordinary hypertrophy, or where the use of the catheter is painless and efficient, no doubt an operation would be undesirable; but there are some instances of median enlargement in which the suffering is really very great, and in which the ordinary treatment amounts, in fact, to little more than the classical "meditation upon death," in which I cannot but think that the surgeon would be justified in at least submitting the question of operation to the patient.

A CASE OF ACUTE MUSCULAR RHEUMATISM TREATED BY COLCHICIN HYPODERMICALLY.

Reported by A. B. HIRSH, M.D., Resident Physician.

THE following case, treated in the German Hospital during the recent service of Dr. Frank Woodbury, is interesting as showing the new use of an old remedy, and for a disease which is often intractable. The relief experienced was quite as positive as that which had been afforded previously by morphia injections, and far more permanent.

J. H., German, aged 28, brewer, was admitted into the German Hospital on the 28th of August, 1882, as a case of muscular rheumatism. The history showed this to have been a first attack, due to exposure to wet and cold, and contracted two months before. During this time he had not had any regular medical attendance, but had vainly used many popular nostrums for relief. Upon admission, the patient was robust and well nourished: he had no fever, but there was great tenderness and pain in the muscles involved, which

were chiefly those of the calves of the legs and the flanks on both sides. Following the hospital custom in these cases, he was at once placed on salicylate of sodium for a few days; but, no relief being experienced, he was ordered twenty-drop doses of tinct. ferri chlor. in one drachm of syr. limon., four times daily, given well diluted with water. He was kept in bed, and locally a combination of chloroform, turpentine, and soap liniment was directed to be used night and morning. A week later it was found necessary for the acute exacerbations of pain that a quarter of a grain of morphia sulph. be injected beneath the skin occasionally. It should be stated that while confined to his bed his diet was carefully regulated, meat and stimulants being interdicted. This plan was continued until September 18, with the result of affording temporary relief, but without permanent success. Indeed, the patient was often in greater pain than at any time previously. The attending physician now resolved to use colchicum, and, in order to avoid its action upon the alimentary canal and to test its powers locally, it was decided to give it hypodermically. For this purpose the imported alkaloid was employed. Five minims of a one-tenth per cent. solution of Merck's colchicin was now ordered to be injected into the painful muscles as required, never more frequently than three times, but at least once, daily. To this was subsequently added a warm bath every night just before retiring, the liniment before mentioned being used once a day. Marked improvement was soon apparent, so that the patient himself remarked his comparative comfort and freedom from pain following the injections, a mere soreness remaining in the parts. Signs of incipient inflammation about the seat of one or two of the punctures were quick to disappear upon application of a solution of lead-water and laudanum.

The improvement was manifest from the start, and the patient rested well during this night for the first time since his attack began, and it continued in spite of a spell of continuous damp and chilly weather lasting several days; for, although it brought a slight return of the old symptoms, they were by no means so severe, and were easily controlled by the daily injections, in which there was no intermission. September 25 was again cloudy, and he complained of some soreness in the lumbar muscles. The pain had increased in the right side, because of which a deep injection was made on this day into the latter region, giving speedy relief. Now, although next day's weather was just as unfavorable, the muscular pains were entirely absent. Some remaining tenderness in the region of the sacrum was controlled by a belladonna plaster. Symptoms continuing favorable, he was discharged, cured, on October 6, having been free from pain for more than a week. He was instructed to return to

the dispensary if he had more pains, but up to this date (November 8, 1882) he has not again sought relief.

GERMAN HOSPITAL, PHILADELPHIA.

A MATERNAL IMPRESSION.

BY WILLIAM T. TAYLOR, M.D.

THE following case will illustrate the effect of a mental impression on the foetus in the early period of its existence.

Mrs. G., a delicate, nervous Irishwoman, gave birth to a male child on October 16, 1882, which was perfectly well formed, except that the glans penis was devoid of a prepuce, as if it had been circumcised. It had the appearance of an infant Jew which had been subjected to the Mosaic rite.

The mother accounted for this deformity by telling me that in the early part of her pregnancy she had seen a little girl of five years sitting on a door-step opposite to her dwelling, pulling violently at the penis of a little boy of three years. Fearing that the member would be torn off, or that he would be seriously injured, she turned away from the sight, feeling quite sick at the time, but little expecting then that she would mark her unborn babe; but "now she is satisfied that that was the cause." Until a better explanation is given of this abnormal condition, I must accept her opinion.

NOTES OF HOSPITAL PRACTICE.

UNIVERSITY HOSPITAL.

CLINIC OF JOHN ASHHURST, JR., M.D., PROFESSOR OF CLINICAL SURGERY IN THE UNIVERSITY OF PENNSYLVANIA.

Reported by LOUIS J. LAUTENBACH, M.D.

CASE I.—ASCITES THE RESULT OF AMYLOID HEPATIC DISEASE.

THIS child is suffering from a very large collection of fluid in the abdominal cavity,—ascites. The cause is to be found, probably, in some general degenerative condition of the viscera. Probably the liver or kidneys, or most likely both, are affected with what is known as albuminoid or amyloid degeneration. This condition often accompanies long-standing bone-disease; and this child has been subject for some time to chronic disease of the spinal column, which has been treated with the plaster-of-Paris bandage.

The present urgency of the case is due to the fact of the extreme abdominal distention interfering with breathing. Notice the excessive enlargement of the abdominal veins. By means of succussion, a hand being placed edgewise on the median line of the abdomen to break the surface wave, we feel a distinct impulse of fluid passing from one side to the other: this proves conclusively, were there any doubt, the presence of fluid as distinguished from enlargement from fat or other causes. I have been summoned many miles from home to tap a patient supposed to be suffering from ascites, and have found the case to be simply one of redundant fat.

The operation of tapping is exceedingly simple. You should have a sheet or a piece of muslin with its ends cut into tails, so that these can be interlaced behind and drawn tight as the fluid escapes, thus giving support to the abdomen and preventing the occurrence of syncope. If the operation be performed in the recumbent posture, the bandage is not absolutely necessary, but it is indispensable if the patient be tapped while sitting, as may be required when there is much dyspnoea. A hole is cut in the bandage at the point where the trocar is to be introduced, and after the operation the tails can be brought forward and secured with pins to the central portion. The operation can be performed either with the ordinary trocar and canula, or with the aspirator. I prefer the former, as it allows the fluid to be more quickly evacuated, and as aspiration presents no particular advantage in this situation. A convenient mode of performing the operation is to make a puncture, with a sharp bistoury, in the median line, a short distance below the umbilicus, carrying this first puncture almost, if not quite, to the peritoneum, and then inserting the trocar through this opening.

Of course tapping is usually only a palliative operation. In some cases of chronic peritonitis, where the fluid is encysted, tapping may occasionally be a curative measure; but when, as in ordinary ascites, the fluid is the result of passive effusion, the operation must commonly be repeated after a longer or shorter time.

We occasionally meet with a fluid which spontaneously coagulates, just as we see in some cases of hydrocele. The fluid here is limpid and of a light-green color and frothy, this showing its albuminoid nature.

The quantity of fluid drawn off is certainly over a gallon.

The operation of tapping is probably always followed by a certain amount of local peritoneal inflammation; but occasionally general peritonitis is developed, and its occurrence is a risk for which you must always be prepared.

We close the wound with adhesive plaster, then put on a pad of lint as a compress, and draw the bandage tight, securing the tails with numerous pins.

CASE II.—SYME'S AMPUTATION FOR DISEASE OF THE ANKLE-JOINT.

Our next patient, a young woman, has been in the hospital for a long time, having been admitted last summer. Her case is one of chronic joint-disease dependent upon hereditary syphilis. When she first came under our observation, she had disease of the wrist, ankle, and hip; but the latter articulation was not very seriously affected, and is now apparently well.

The wrist, too, has healed under treatment, and we can see the characteristic scars left as evidences of the old disease: the wrist is still somewhat stiff. The ankle for a long time seemed to be improving, but has latterly become worse again. When admitted, the patient was weak, thin, and anæmic, but by means of good food and careful treatment has improved very much. Were it not for the disease of her ankle, she could now lead an ordinarily active life. There are several sinuses leading to carious bone, and the joint is extremely painful and much deformed. Under these circumstances, I have advised amputation. I have not advised excision, because of her syphilitic history, her general condition, and the nature of the lesion. Excision would require long confinement to bed, and would very probably be followed by a recurrence of the disease. An amputation requires much less after-treatment, and it is important that as soon as possible she should be able to get exercise in the fresh air. Besides, the ankle-joint is not a very favorable locality for excision, except in cases of injury in healthy persons.

In disease of the ankle-joint, a form of amputation can be adopted which will get rid of the diseased tissues and yet allow the preservation of a very useful member. The operation to which I refer is that introduced by Mr. Syme. The first step is to make an incision beginning just below

the middle of the external malleolus, carrying it transversely across the sole of the foot and terminating it on the inner side, at a point corresponding to that at which it was begun. The ends of this cut are then connected by a curved incision over the front of the foot. Syme's incision has been modified by other surgeons, some making the heel-flap longer, others shorter. In some cases the flap has been known to slough; but if, in dissecting it back, the knife be kept close to the bone, there is not usually much risk of impairing its vitality. Syme directs that the heel-flap should be pressed and dissected backwards until the tuberosity is fairly turned, before disarticulation is effected.

Sometimes, in a young person, you can preserve the periosteum in the heel-flap: this both facilitates the operation and adds firmness to the flap itself.

The tendo Achillis may be divided either before or after disarticulating. When the foot is removed, the malleoli must be cleared with the knife, and then sawn off together with the articulating surfaces of the tibia and fibula. The divided vessels are then tied. Before stitching the edges of the flaps together, an opening is made through the posterior part of the heel-flap, and a drainage-tube inserted.

In this operation we get the strong tissues of the heel as a support for the stump, and, as the amount of shortening is not considerable, we obtain a very serviceable limb. As far as the mere usefulness of the part is concerned, the result is almost equal to that of an excision, while the risk of the operation is less.

[The operation was performed while the patient was under the influence of ether. The Esmarch bandage, as well as the tourniquet, was used. Very little blood was lost. The wound was closed with silver sutures, and these were reinforced with adhesive strips; the stump was dressed with lint wet with undiluted laudanum, and then covered with oiled silk and a bandage.]

THE Trustees of Jefferson Medical College, at a meeting held November 22, elected Dr. J. Solis Cohen Honorary Professor of Laryngology. They also filled the positions on the surgical staff rendered vacant by the making of Drs. John H. Brinton and S. W. Gross Professors of Surgery, by electing Dr. Joseph Hearn and Oscar H. Allis visiting surgeons to the Hospital.

TRANSLATIONS.

PERFORATION OF THE MASTOID PROCESS FOR CHRONIC EAR-DISEASE—ACCIDENTAL OPENING OF THE TRANSVERSE SINUS—RECOVERY.—Dr. Knapp reports the following interesting case in the *Zeitschrift für Ohrenheilkunde* (No. 11). A girl, 16 years old, had suffered for three months from constant pain in the vicinity of the left mastoid process, which radiated over the left side of the head and occasionally also on the face and neck. Sleeplessness and incapacity for the slightest mental effort resulted. The skin over the mastoid process was found to be slightly reddened and swollen, and very tender to the touch. The hearing-distance was normal; the membrana tympani slightly cloudy. Upon the view that a chronic inflammatory process might be present, with retained mucopurulent or bloody effusion, Dr. Knapp undertook to open the mastoid process. He found the bone compact, its substance white and shining, to the depth of four millimetres, but in its deeper portions very hyperæmic. Upon attaining a depth of six millimetres, the sound struck upon soft tissue, from which light pressure caused a rather free flow of dark blood, but which stopped upon discontinuing the pressure. No pus was found. With regard to the quantity of the blood, the operator concluded that it must have come from the transverse sinus, in which a slight wound must have been made either by the chisel or by the sound. The wound was united by sutures, the cavity being filled with a tent of absorbent cotton. In twelve days the wound had entirely healed; the pains had entirely disappeared, and did not return.

The case was regarded as a chronic mastoiditis leading to sclerosis. The principal symptom was localized pain existing constantly in the mastoid process, but also radiating over the corresponding half of the head. Most of these cases get well by simple rest in bed, and hygienic care, without operation, which, however, may be required if the symptoms are otherwise unrelieved.

A NEW METHOD OF AMPUTATION OF THE UPPER EXTREMITY.—In a case of osteosarcoma of the scapula, M. Desprès performed amputation at the shoulder after the following original method:

First Step.—Ligature of the subclavian artery outside the scaleni muscles by the usual method, using a double ligature in order to guard against secondary hemorrhage.

Second Step.—Incision *en raquette* carried from the middle of the space which separates the projection of the spinous apophyses of the vertebræ from the internal scapular border, at the level of the spine of the scapula, following the back of it, cutting around the point of the shoulder, and passing under the axilla to the middle of the armpit, then returning to the back to rejoin the incision near its point of departure.

Third Step.—Dissection of the upper flap without communicating with the original wound of the ligature of the subclavian.

Fourth Step.—Section of the clavicle as near its middle as possible.

Fifth Step.—Ligature of the axillary vein.

Sixth Step.—Detachment of the scapula by cutting the small pectoral and the great dorsal muscles, and subsequently the other muscles inserted upon the scapula, which are cut while dislocating this bone backward.

The wound is then united by suture, except at the angle corresponding with the axilla.

This operation was suitable for a case of cancer of the scapula, like the one reported, in which it was successfully performed. It was considered less dangerous than excision of the scapula only and leaving the arm. It would also be proper in a case of advanced white swelling of the shoulder involving the scapula.—*La France Médicale*, No. 36.

CHYLOUS URINE WITHOUT FILARIA.—A man, 67 years of age, who had an attack of right hemiplegia following thrombosis some years before, was admitted into the Hospital Necker for treatment for chyluria. He had not had syphilis, was not an alcoholic subject, nor had he any lesion of the principal viscera other than that stated: his arteries, however, were slightly atheromatous. He had always lived in France, and had enjoyed good health prior to the attack of hemiplegia. He had remarked for a year that, without experiencing any derangement of his health, he had passed milky urine. Strange to say, this occurred

only in the morning: it was not present during the day, although the urine continued albuminous. The chylous urine did not deposit fibrous flakes, and was without odor: it had not the appearance of purulent urine, and did not precipitate with ammonia. The addition of ether rendered it clear, and it left a greasy stain on paper. Under the microscope it was found to be composed largely of fine fatty particles, with a few white and, very rarely, red blood-cells. No parasites were seen, and none were found in the blood. The amount of fat was between three and four grammes of fatty material to the litre.

The reporter, Dr. Boissard, concludes that there must be two kinds of hæmato-chyluria: 1, the hæmato-chyluria of hot climates, a parasitic disease, and, 2, a rare disorder, in which there are urines which may simply be called chylous without our being able to determine further the nutritive troubles which favor their production. —*La France Médicale*, No. 35.

DISEASES OF THE LIVER ACCOMPANIED BY RETINAL LESIONS.—Litten calls attention to hemorrhagic extravasations and points of fatty degeneration (containing tufts of tyrosin and apparently spheres of leucin) in the retina in a case of yellow atrophy of the liver following phosphorus-poisoning. He also has detected simultaneous pigmentary retinal degeneration in cases of hepatic cirrhosis (*Wiener Med. Wochen.*, No. 39). Raymond, in a lecture on hypertrophic cirrhosis (*Le Progrès Médical*, No. 40), claims that hemeralopia is a pretty frequent complication of chronic icterus. Netter (*Proceedings Soc. de Biologie*) points out a pathogeny of hemeralopia, based upon the observed peripapillary oedema, the dilatation of veins, and the paleness of arteries, which he considered merely as symptoms of slight compression exerted behind the optic papilla probably by deposits of pigment.

THE GALVANIC CURRENT AS A CARDIAC STIMULANT.—Professor Von Ziemssen (*Deutsch. Archiv f. Klin. Med.*, No. 30) claims that the ordinary faradic electric applications completely fail to alter the action of the heart or to disturb in any way its sensibility, while, on the contrary, the direct or battery current produces a powerful stimulating effect. The importance of this observation in the treatment

of narcotic coma and syncope is very great. The result is the more remarkable as the experiments to support it were made upon the human subject, a woman having lost a portion of the anterior wall of the chest by an operation for the removal of an ecchondroma, so that the heart was partially exposed.

**IMPORTANCE OF EAR-AFFECTIONS IN DIPH-
THERIA.**—Dr. Bürkner, in the *Berliner Klinische Wochenschrift* (No. 43), reports two cases in which middle-ear inflammation followed upon diphtheritic disease of the throat, and in which the danger of destruction of the internal ear, and perhaps life-long disease of the organ, if not early death, were entirely prevented by early examination and prompt paracentesis of the membrana tympani, followed by application of cleansing solutions of boracic acid. Great relief was at once afforded to the ear-ache and vertigo, from which the patients had previously complained, and a cure resulted in five and seven weeks in the two cases respectively.

MICROCOCCHI IN ERYSIPELAS.—In a case that died at the Würzburg Surgical Clinic from simple uncomplicated erysipelas, Dr. Fehleisen (*Deutsch. Zeit. für Chirurgie*, Bd. xvi., Hft. 5 und 6) found, about one centimetre from the border of the redness, that the lymph-vessels and perivascular lymph-spaces were filled with micrococci; nearer to the border there was found with the cocci a transudation with a fine-celled infiltration. The writer is of the opinion that this micrococcus is specific and pathogenic of erysipelas, and that it differs morphologically and physiologically from all other bacteria that have been observed thus far.—*Centralblatt für Chirurgie*, No. 40.

PRIMARY ORIGIN AND FORMATION OF URIC ACID.—After ligaturing the ureters of chickens, J. Colosanti found accumulations of urates in the inter-fibrillary connective tissue of the muscles; and also in the bile the salts of uric acid were recognized by the microscope. The conclusions are that the kidneys even in birds were organs of excretion for products of tissue-waste, including uric acid, and that the urates first arose in the tissues, and were not carried there by resorption from the kidneys.—*Centralblatt für Med. Wissen.*, No. 38.

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, DECEMBER 2, 1882.

EDITORIAL.

HOW THEY MAKE "COD-OIL"
AT SWAMPSCOTT.

SWAMPSCOTT is a little town upon the coast of Massachusetts, not far from Lynn, situated near the head of a bay between Nahant and Salem. Off this ancient haunt of fishermen, at a distance of about nine miles, is a place called the "rocks," where, in the winter, the codfish come in shoals to spawn, and the striped bass sport themselves in the summer. During the winter months, be the weather what it may, unless the wind be rising for a gale, a little after midnight men may be seen going about the village, stopping here and there at houses, rousing the fishermen, who by and by gather in groups about the shore, each with his "dory," that well-known model of Yankee ingenuity which, at the great Berlin fishery exhibition, excited so much attention.

The dories and their owners are soon aboard the various schooners in waiting, and by five A.M. the fleet is at the "rocks:" so, when the daylight is sufficient, the dories anchor about their respective larger crafts, each boat with its single occupant, who is soon hard at work robbing the sea of its life. About three P.M. the signal is given from the schooners to come aboard; the dories hasten to their floating castles, with pitchforks the various "catches" are soon thrown aboard, and sail is made for home. During the passage the fish are gutted, the entrails cast into the sea, and the livers, some of them large enough to fill a quart mug, are put into baskets.

When the shore is close at hand, the fish are put again into the dories; but the roughness of the sea usually is such

that these boats, when loaded, cannot land, and into the icy sea-water the horses are driven until the carts reach such a place that the codfish can be put in them, when off they go, to plod the night through for the early Boston market.

The livers are immediately sorted over, and the gall-bladders carefully removed. The great, luscious, flabby masses are thrown into a large oak tub; with this are connected steam pipes. When the receptacle is full and closed, low-pressure steam is turned on, and for about two hours and a half cooking goes on. Then the plugs are taken out at the bottom, and the hot oil streams into buckets. It is now placed in butts in the "cooling-room," and allowed to stay there until it freezes solid. So it is kept till opportunity offers, when it is put in canvas bags holding about four gallons each. These bags are then placed regularly upon a heavy oak table provided with outer grooves for conducting liquid, until twelve gallons are in a row. On this is laid a slab, then canvas bags, and so layer after layer, until about eighty gallons are piled up. A ton of pig-iron is then placed upon the top slab of oak, and the oil begins to flow out. In about twelve hours dripping ceases, and the apparatus is taken apart. Inside of the bags is found a yellowish butter-like mass as hard as tallow, which is nearly pure stearin, with liver debris and fibres. This goes to the soap-makers, whilst the oil finds its way to the Massachusetts General Hospital and other places where the superiority of the finest American oil over the Norwegian is recognized.

OPIUM IMPORTATIONS.

THE amount of some drugs imported into the United States is enormous. Thus, in 1880 there were brought into the country three hundred and seventy-two thousand pounds of opium, which is equivalent to nearly three millions of doses. But the United States is a large country,

and so even this enormous number of doses means only one dose a year for every sixteen persons. When it is remembered how freely opium is used externally, it is plain that the quantity named is not beyond what is required for proper medical use, and that the opium habit, about which we hear so much, requires no perceptible allowance for its gratification.

LEADING ARTICLES.

CLEMENS'S TREATMENT OF DIABETES.

WE desire to call attention to the treatment of true diabetes, which in our country is very little known as yet, if at all, but which of late seems to have caused a revolution on the continent of Europe.

Dr. Theodor Clemens, a physician of Frankfort on-the-Main, who has made himself well known by several important contributions to modern therapeutics, remembered that the old Professor Heim, who at the beginning of this century enjoyed a great reputation all over Germany, had spoken very highly of the effect of arsenious acid in chronic intermittent fever. While further making investigations concerning the presence of sugar in the urine, Dr. Clemens noticed that in many cases of chronic intermittents of a severe character sugar was present in the urine* after each paroxysm; and it seemed to him that it was these cases which were rapidly benefited by a treatment with arsenious acid. Having found that bromine seemed to exert more or less influence in diabetes, he united the two, and it is his *Brom-Arsen-Liquor* which, in connection with other therapeutic measures, especially with the use of electricity, forms to-day the most successful and modern treatment of diabetes mellitus on the continent of Europe. To give, however, our readers the best and most accurate description of this treatment, and not to omit any important points, and to mention also the views of the author himself, we will follow in our article as much as possible Clemens's own words as he published them himself, after his cure had been tried successfully for several months by the most eminent specialists

in Carlsbad.† We premise that his *Liquor Brom-Arsen* consists simply of a chemical union of arsenious acid and bromine, dissolved in water and glycerin in such a manner that two drops represent the twenty-fourth part of a grain of arsenite of bromine. The specialists who have tried this treatment and reported have met with such uniform success that the method well deserves to be considered seriously and to be tried in our country, our readers having the benefit of being the first on this side of the Atlantic to be informed of it.

Certainly nobody should have the hope, as Dr. Clemens expresses himself, of curing with brom-arsen any case of diabetes in the last stage. In this stage the process of nutrition is so disturbed that the effect of such a remedy in such small doses can be of no avail. It is to be regretted that there are so many cases of real diabetes which are not recognized in the first stage. But that even in advanced cases brom-arsen exerts a very beneficial influence and decidedly reduces the percentage of sugar Clemens noted as late as August of this year in a diabetic person in the last stage, who, notwithstanding the much-praised glycerin cure, was rapidly hurrying on to his grave, and whose existence was by this agent made more tolerable and undoubtedly prolonged,—a sign of the powerful influence of this remedy.† If the treatment with brom-arsen is begun only in the last stage, then six drops of the liquor daily (two drops three times a day) should form the first dose, which is gradually increased to nine and twelve drops per diem, each dose to be given in a wineglassful of water and immediately after a meal, which must consist mainly of meat. In the early stages it is well to commence with one drop three times daily, taken in the same way, and to increase the dose gradually till a decided impression is made upon the percentage of sugar in the urine; this dose then is continued as long as it exerts its influence in lowering this percentage; as soon as it loses that power, the dose is again increased, and this procedure is continued till the sugar has disappeared from the urine.

The favorable influence of this drug upon the thirst and the diuresis always soon makes its appearance, and synchronously the percentage of sugar in the urine decreases. It is also well to note that dia-

* Allg. Med. Zeit., No. 14, 1882.

† Loc. cit., No. 62, 1882.

† Loc. cit., No. 62, page 794.

betic persons can take larger—even very large—doses, for a very long time without any obnoxious effect,—a very important point in this disease, which generally is so very difficult to treat.

Sugar has transiently been met with not only in cases of grave intermittents, but also after sudden fright* and after onanistic excesses.† In one case after great nervous excitement sugar was found in the icteric urine. The oftener we look for sugar in the urine, the oftener will we find it present up to two per cent., without even decided functional disturbance and without existing lesions. Smaller quantities of sugar happen undoubtedly very often: we must remember, however, that especially in summer, when diabetic urine is so easily decomposed, minute quantities of sugar will escape detection. Clemens convinced himself of the fact: he divided diabetic urine into two parts, left the one to decompose, and added to the other part a few drops of thymol spirit.‡ Twenty-four hours later the urine to which the thymol had been added showed 0.38 per cent. of sugar, while in the other urine (without the thymol) neither by the polarization apparatus nor by the most sensitive reactions could any sugar be demonstrated. As small quantities are immediately destroyed as soon as fermentation begins, Clemens selected the thymic acid as anti-ferment, as it causes no impediment either in the polarization apparatus or with the other usual reactions. As it is proverbially difficult§ to demonstrate very minute quantities of sugar in the urine, the question is still an open one, whether such minute quantities of sugar are normally and continuously excreted by the healthy urine.

Concerning the diet of diabetic persons, Clemens adheres to the view of Schiff,|| who, as is well known, does not believe in the total exclusion of hydro-carbons. It is, undoubtedly, difficult to decide whether the hydro-carbons which are introduced

into the body as nourishment all leave the body perfectly changed into sugar. That in grave forms, especially during the last stages, of diabetes, the albuminates also participate strongly in the formation of sugar,¶ Clemens has demonstrated by administering certain definite nourishment and then making a quantitative analysis of the sugar in the urine: the quantity continued in such cases the same even if all hydro-carbons were carefully excluded from the diet. There can be no doubt that we have to assume for these and many similar cases different etiological moments,—i.e., a different seat of the original morbid lesion; and it is here that Clemens and other modern authors make a decided distinction between diabetes due to liver and diabetes due to cerebral affection. In case the diabetes has its morbid seat originally in the liver, of which we know that it normally has a glycogenic function, we may regulate the diet as much as we will, the quantity of sugar in the urine will be very little affected by the percentage of hydro-carbons in the aliments; and here we will never succeed in gaining a urine perfectly free from sugar. Clemens noted the gradual development of diabetes in a *savant* who overstrained his brain continuously. In this case the quantity of sugar in the urine was less augmented by the addition of hydro-carbons to the diet than by mental strain. After each mental strain the percentage of sugar increased. The patient did not follow Clemens's advice:

"Leb' mit dem Vieh als Vieh
Und acht es nicht für Raub
Den Acker, den du pflügest, selbst zu düngen,
Das ist das beste Mittel, glaub',
Auf hundert Jahr' dich zu verjüngen."**

The consequence was that he died a few years later, with comparatively little sugar in the urine, in the insane asylum. Here any abnormal function of the liver was of no consequence, compared with any error in diet the brain made: these errors were here the cause of the diabetes, and later that of insanity. It is further very remarkable that the well-known obesity which in the prodromic stages of liver-

* Sudden and great emotions not rarely form the only known causing elements of diabetes, as they exert their influence on the two important organs from which diabetes may start, the brain and the liver. Clemens found also sugar in the urine after severe paroxysms of pain,—for instance, after severe seizures of gout.

† Clemens demonstrated in many such cases the presence of sugar in the urine, and he ascribes the fact to irritation in a high degree of the spinal cord and the cerebellum. That diabetes may really develop itself if these excesses are carried on for a long time can hardly be doubted.

‡ Thymol 2.0; alcohol 30.0: of this mixture a few drops are sufficient to prevent fermentation in diabetic urine.

§ Pfüger's Archiv für Physiologie, Bd. v.
|| Schiff, Untersuchungen über die Zuckerbildung in der Leber. Würzburg, 1879.

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¶ Seegen, Beiträge zur Casuistik der Mellituria, Virchow's Archiv, Bd. xxi. Abeles, Ueber minimale Mengen Zucker im menschlichen Harn, Wiener Medicinische Wochenschrift, 1874.

** Live with the animals, and as they do:
Do not consider it robbery
To self-manure the acres which you plough;
This is the best means, be assured,
To make you younger for a hundred years.

diabetes always precedes* the actual diabetes is never found in cases of brain-diabetes. There is not a solitary case of the kind on record. Persons in whom diabetes develops itself from brain-lesion are always thin, as most brain-workers are. Such persons usually digest large quantities of fat, and the addition of fat to their common diet seems always to be followed by beneficial results: even the percentage of sugar in the urine will be diminished in such cases by the administration of fat. Clemens even gave cod-liver oil in such cases, and with good effect, notwithstanding it had been the rule to avoid sedulously anything in diabetes which might be a burden to the liver.

Another point of interest, and one which might be made use of for diagnostic purposes, like those just mentioned, is the fact, also first observed by Clemens, that we find in the urine of diabetic persons a decided diminution in the normal percentage of chloride of sodium. This decrease, if once demonstrated, is always the beginning of the end. Just as the prognosis in certain inflammations, as pneumonia, is always worse the more the chlorides disappear from the urine, so is the gradual diminution in the percentage of chlorides in diabetic urine always a bad omen, and their total disappearance invariably of very bad augury. It is a sure sign of rapidly approaching dissolution. Clemens noted this very strongly in a diabetic individual who was trying to cure himself by glycerin: the chlorides disappeared, and within a few days paralysis of the heart set in, followed by death. If glucose takes the place of the salt in the blood, the natural stimulus of the heart is soon lost, and the organ ceases its function.

Perhaps the most important adjuvant, if not a real curative agent, in the treatment of diabetes, is electricity. Its application in this disease has a scientific basis, as we have to do here with a faulty process of oxidation. Clemens began by letting his patients inhale twice daily oxygen developed by electricity.† In these diabetic patients he regulated the diet carefully and controlled the excretion of sugar.

Within a few days the percentage decreased far more than would have been the case from simple regulation of the diet alone. He now added *séances*, in which he permitted electro-static currents of sparks and shocks to pass through the liver, and also allowed electro-static discharges to pass through different parts of the body, and the result was a still more favorable one. He achieved the same object by employing induced currents in the direction from the back of the neck to the liver, so that the latter was set into light motion. Even very strong shocks, if sent through the liver by electro-static discharges, seemed to be very beneficial, notwithstanding the organ is very sensitive to electro-static discharges. The decrease in the amount of sugar in the urine has so far in every case been so apparent after this employment of static electricity that it would be well to give this treatment more extensive trial in our own country.

Diabetes seems to be on the increase in the United States. We have here to do especially with the brain variety. I do not believe this increase to be due to the fact that the urine is now more carefully examined for albumen and sugar, but I incline to think that as our former generations have been noted for their go-ahead manner of doing business, the power of resistance of the present and coming generations—all continuing the same style of rapid living and overstraining the mental powers, without taking that rest which persons similarly situated in the old countries do, and which is so imperatively needed—becomes less, and we are therefore more liable to those destructive diseases which show a halt in the progressive restitution of tissues. When the etiological moments are present, the urine should always be examined for sugar, and the treatment here described immediately instituted and causing elements removed.

HUGO ENGEL.

577 FRANKLIN STREET.

THE Trustees of the University of Pennsylvania, at a recent meeting, appointed Dr. J. B. Deaver to fill temporarily the place of Dr. Charles T. Hunter as Demonstrator of Anatomy, a measure rendered necessary by the continued sickness of the present incumbent. Dr. Richard H. Harte was elected Demonstrator of Osteology and Syndesmology.

* Der Diabetes Mellitus auf Grundlage zahlreicher Beobachtungen, dargestellt von Dr. J. Seeger. 2. Aufl., Berlin, 1875. Verlag von August Hirschwald. Cap. II.—Diabetes und Fettbildung.

† Die Electricität als Heilmittel. Ein Wort zur Aufklärung und zum Verständniss electr. Curen und electr. Heilapparat, von Dr. Th. Clemens in Frankfurt-a-M. Verlag von Benj. Aufferth, Frankfurt-a-M., 1882, p. 78.

CORRESPONDENCE.

LONDON LETTER.

THE work of the medical schools is now in full swing, the teaching of practical anatomy being somewhat hampered by lack of subjects for dissection. This does not mean that the low death-rate of London is falling to that point that no impecunious person will die to oblige teachers of anatomy, but that there is some game up betwixt the parochial subordinates at the workhouses and the low-class undertakers who bury paupers. Some relative or pseudo-relative is found and put forward to claim the body of the defunct, in order that it may be interred at the expense of the ratepayers, with a trifling margin of profit to the undertaker; and so the dissecting-rooms are starved.

The entry of students is good. The recent history of Guy's Hospital is telling so upon the reputation of that noble old institution that it is receding in favor, while the London, ever so far east, is coming forward to hold the second position next to St. Bartholomew's among the large hospital schools. The new railway passing close to the London Hospital has had much to do with thus bringing it practically so much nearer the West End; while with such men as Dr. Andrew Clark, Dr. Langdon Down, Dr. Hughlings Jackson, Mr. Jonathan Hutchinson, Mr. Cowper, Mr. Walter Rivington, and Mr. Reeves, the inducement to study at the London is certainly strong. Dr. Sutton, too, is well known as a pathologist, while Dr. Fenwick is a recognized authority on diseases of the stomach, as well as a writer on medical diagnosis. There are, too, some younger men, who will uphold the reputation the present staff may earn. The London Hospital, a few years ago, was enlarged by the addition of a new wing, and is now the largest hospital in London. Situated as it is near the docks, it presents a fine field for the study of surgery. Surrounded by such a population as exists in Whitechapel and its neighborhood, it furnishes ample opportunity for the study of severe disease, and especially such as is linked with alcoholic excess and syphilis.

The figure of Dr. Benjamin Ward Richardson is unique in medicine. At present he is best known to the world as an ardent teetotaller and a sanitarian,—sometimes a little whimsical, as when he propounded his Hygeia, or ideal city of health. But from this to conclude that Dr. Richardson is crotchety is quite a mistake. He has always held his own views and supported them ably. Born in the Midlands, he studied in Glasgow, and from a remark in his Asclepiad, was evidently assistant to a general practitioner in the country in his early days. But he soon came to London, and took a prominent position as a scientific physician. He gained his Fellow-

ship of the Royal Society by his researches into the causes of the fluidity of the blood, which he held to be largely due to the ammonia contained therein; and he has always been the consistent advocate of ammonia freely administered in cases where a blood-clot is suspected to be forming in the cardiac chambers. For these researches he gained the Astley Cooper prize. For years Dr. Richardson gave lectures on various subjects to classes of medical men who gathered to his house, and was the most advanced physiologist of his day, before the regular trained physiologists like Burdon Sanderson or Michael Foster had sprung up. His name is indissolubly connected with the ether spray for producing local anæsthesia, as one contribution to practical medicine. Then he invented a painless knife in the form of a wheel-blade revolving so swiftly as to cut without inflicting pain, by means of which he sliced off pieces of the ears of rabbits while they continued nibbling leaves, showing how little they suffered from the amputation. But this came to no practical use. Then his researches in chloral hydrate did much to clear up the action of this agent upon the organism. His observations on alcohol, amyl nitrite, and allied bodies proved how far these agents dilated the arterioles, and led Dr. Lauder Brunton to resort to nitrite of amyl in a case of angina pectoris, with the result that amyl nitrite is now extensively used to relieve conditions depending on arteriole spasm; and its use in practical medicine has brought an allied body, nitro-glycerin, into notice, which is proving itself to be a most useful medicinal agent for the purpose of filling the arterial system or relieving arteriole spasm. Then, too, Dr. Richardson has experimented largely on anæsthetics, and advocated the use of the bichloride of methylene instead of chloroform, as being safer. His acute intellect, too, made observations in clinical medicine of the highest practical importance. To him we owe more than to any one else our present knowledge of irregularity and intermittency of the heart as neurosal affections utterly disassociated from organic lesions, with which, before his day, these phenomena were too invariably linked. He collected an array of cases which proved beyond all reasonable doubt that frequently such disturbance of the cardiac rhythm was nothing more than a nervous matter, devoid of significance, by which he did much to relieve humanity from that demoralizing dread—viz., a haunting suspicion of some occult disease of the heart—which is much worse than a knowledge that some actual disease does exist. Hundreds of persons who are relieved from their fears by the physician's positive statement that there is no organic disease, and that the halt or the disturbance in the rhythm of their heart is purely connected with the nervous mechanism, know no more than perhaps the medical man him-

self that the comforting assurance which lays their fears and dreads at rest is due to a great extent to Dr. Richardson, whose enthusiasm as to total abstinence they may have been deriding as the dream of an enthusiast. Then his essay on uræmic coma was one of the path-breaking contributions to practical medicine. Dr. Richardson was for some years physician to the Royal Hospital for Diseases of the Chest. While thus engaged in scientific research and practical medicine, Dr. Richardson was ever a literary man. His writings are clear and lucid, while his language is well chosen and elegant. Since Sir Thomas Watson, no one in medicine has had the command of a style so attractive and so charming as Dr. Richardson,—not even Sir James Paget himself. At present he is engaged on a life of Bichat. With him literature is a hobby, just as Seymour Haden and Sir Henry Thompson paint in their spare moments. There long existed an impression that if a medical man knew anything out of his profession he could know little of it, or at least have little acquaintance with the latter practically,—an impression most unjust to many. Because a man is without other culture, therefore his intellect is completely devoted to his profession, was a view which it was convenient for a good many medical men to do their best to keep up and disseminate. But the tendency is setting the other way. If a medical man manifests good sense and acumen in other matters of which the public can judge, they are now inclined to give him credit for like qualities in his profession,—an act of justice which the public is readier to render than the medical man's professional brethren, it is to be feared.

Beyond his associations with literature, Dr. Richardson is an enthusiastic sanitarian, ready to help all good work to improve the health of the people. As such he has been known to the public for years. Some time ago the genial doctor gave up alcohol and tobacco, and now is as prominent a champion for total abstinence as Sir Wilfred Lawson himself. When Sir Walter Trevelyan died, he left his cellar of wine to the doctor. The deceased baronet, though a total abstainer, had too much respect for the wine to start it down the gutter, as did one prominent teetotaler his cellar on his conversion: so he bricked it up. The doctor probably would have been glad if the wine had gone to the pigs, for his legacy was a bother to him. He had more good taste than to waste the wine, yet what to do with the deleterious beverage he did not know. So the wine remains, and the press has given over chaffing the doctor on the matter. That portion of society which is not disposed to abandon alcohol has decided that Dr. Richardson is an enthusiast; and though his decision—or perhaps rather the absence of it—about this wine-treasure should have saved him from the charge, still

it is pleaded. Be this as it may, the world is always ready to hear what the doctor has to say; and recently Finsbury has asked him to be its representative at St. Stephen's. It is to be sincerely hoped that he may be returned, for it is very desirable that our profession be represented in the House of Commons. No doubt Dr. Farquharson is a medical man not unknown in medical literature, and a man of some good sense; but then he represents West Aberdeen as a local laird, not in any sense as a medical man. Whether they will always be in agreement with him or not, the Commons will listen with interest and respect to the winning eloquence of the teetotal doctor. Dr. Richardson is a capital speaker, who carries his auditors away with him. His eloquent dark eye, his grand brow, his solid figure, tell of a man of no common parts, while his familiarity with public speaking fits him for the House. As a talker he is, in my opinion, unequalled, when with a group around him he stands the only speaker, all too willing to listen to interrupt him.

The presence of a medical man like Dr. Richardson in the House of Commons and on committees would do much to advance medical interests and to nip in the bud schemes which are injurious to the medical profession. His presence, too, will be of unspeakable value in putting a check on the rampant party who see in vaccination nothing but the state-sustained means of spreading disease, and who are disposed to dispute the position of medicine proper in favor of any ism or fad which may choose to assert its superior claims to the confidence of humanity in blatant tones. Further, it is very desirable that the House of Commons should no longer consist almost entirely of country gentlemen, successful business men, or struggling barristers. There are now working men in it; and Prof. Thorold Rogers worthily represents Southwark. With J. Allanson Picton for the Tower Hamlets, and Dr. B. W. Richardson, F.R.S., member for Finsbury, the metropolis will set an excellent example to other constituencies, while the heaven so furnished would leaven the mass of M.P.s in a desirable manner.

A curious case of lead-poisoning is reported from Keighley, in Yorkshire, a manufacturing town which some time ago rendered itself notorious for its opposition to the existing law of compulsory vaccination. Sooner than enforce the law, some guardians went to prison. Nor was the constancy of these modern martyrs shaken by the fact that there had been a severe outbreak of smallpox in their ill-vaccinated town,—severe enough to have brought most authorities to their senses. Dr. Dobie writes, "During the last few years numerous cases of chronic lead-poisoning have occurred in Keighley. The mischief has been traced to the town's water, which, although very useful for certain domestic and commercial pur-

poses, has an unfortunate propensity for taking up lead. Much sickness and suffering have occurred as a consequence, but no fatal result took place until last August, when Wilson Riley, a machinist, who had immediately before death shown well-marked symptoms of the disorder, died." It seems a great pity that the water of the town shows such an immoral propensity—though one is not in the habit of hearing water spoken of as a moral agent—for poisoning the inhabitants, when so well suited to their manufacturing wants; though there is nothing about Keighley to indicate that it is unduly given to drinking water,—at least, that is apparent to a visitor there. Be that as it may, the said Wilson Riley, who had been out of sorts, went away for his health, returned, grew worse, had headache, pains all over, vomited, became unconscious, and then died. Whatever kind of individual Wilson Riley may have been in his lifetime, and however pacifically disposed, he has caused some local commotion by his death. When Riley became seriously ill, he developed a well-marked blue line along his gums; and, on inquiry, his wife averred that "he was the first to use the tap in the morning," and that he drank freely of the water, though there is no hypothesis of any glycosuria to account for such an extraordinary practice on the part of a native of Keighley. It appears that two years previously he had consulted Dr. Dobie for colic and constipation, and that at that time there was a blue line on the gums. Consequently, the coroner was made acquainted with the facts, and an inquest was held in order to inform the folks of the deleterious quality of their water. So a post-mortem examination was made, and the results attained were that the heart was hypertrophied and the kidneys granular. The left wrist drooped, and the colon was constricted and thickened. So the viscera were sent away for analysis, when a notable quantity of lead was found in the liver and spleen. Then followed an analysis of the water, which showed that the peccant fluid contained no less than three-fifths of a grain of lead to the gallon,—a fact which is scarcely calculated to stimulate the total-abstinence movement in the Keighley water-district. It appeared at the inquest that no less than sixty-four cases of chronic lead-poisoning had been reported to the local board about a year previously. Riley might have had granular kidneys, but their condition was scarcely so advanced as to cause death. The lead in the water was evidently the main culprit. The fact that persons with granular kidney, as the gouty, for example, were liable to be specially affected by lead does not seem to have been advanced by the local board in its defence of its water; but they called Dr. Meymott Tidy, the analyst, from London to clear away the imputation upon the water. Dr. Tidy thought the case

might have ended fatally without any saturnine intoxication; nor was there such an amount of lead found in the viscera as was compatible with the view that it was the cause of death. The fact that the patient had been taking iodide of potassium did not affect his opinion. It did not eliminate lead from the system, but rather tended to leave the lead in an insoluble and inert form, he explained to the coroner, who, if impressed with this information, will hold views opposed to all medical teaching. A medical witness then quoted Dr. Chambers' lecture, in his "Lectures chiefly Clinical," about the utility of iodide of potassium in lead-poisoning, but that did not affect Dr. Tidy's opinion; but, if it did not, it impressed the coroner, apparently. The coroner charged the jury; the jury retired, and, after deliberating for two hours, declared that, in their opinion, the deceased, "Wilson Riley, died from granular disease of the kidneys, how caused we are unable positively to say, but that death was accelerated by lead-poisoning."

There is something absolutely pathetic about an ordinary coroner's jury considering the causes of granular degeneration of the kidneys and formally recording their inability to decide in the matter, which puts all risible feelings into the background. That twelve lay householders should have failed to determine one of the most occult matters of pathology reflects no discredit on the intelligence of the people of Keighley; but the assurance or simplicity of their attempting the problem stands in a curious contrast to their views about the value of vaccination. The local medical men are on their defence against the evidence given by the London expert. They have brought a most damaging charge against the water-supply of Keighley; and their disinterested conduct in exposing what was certainly a source of profit to them, and, to a less extent, to the undertaker, is deserving of all praise. But it does not follow that Keighley is going to bother about a new water-supply, any more than it tried to enforce the Vaccination Act.

J. MILNER FOTHERGILL.

BALTIMORE, MD., November 16, 1882.

EDITOR PHILADELPHIA MEDICAL TIMES:

DEAR SIR,—In your number of November 4 (p. 87) you quote, with comments, a statement made by the *Maryland Medical Journal*, that the trustees of the Johns Hopkins Hospital propose opening that institution next autumn. The following item, from the *Baltimore Sun* of this morning, would seem to show that this is an error:

"The trustees of the Johns Hopkins Hospital held an adjourned meeting yesterday, to discuss the matter of fixing a time for the opening of that institution. A report from a

committee was presented, which named the autumn of 1885, and not later, as the time for opening the hospital; and this was discussed and finally adopted by a majority of those present. Mr. Garrett and Prof. Smith opposed the postponement of the opening longer than one year, and took the ground that the institution should be ready for receiving patients by the autumn of 1883. These two gentlemen have united in a report to prove the feasibility of opening the hospital in the time named,—a year hence. They argue that part of the institution may be open to the public while the buildings and surroundings are being completed. It was understood that Mr. Garrett considers the question may be brought up at a fuller meeting of the board, and that the action looking to a postponement of the opening until 1885 may be revised. Mr. King said the hospital buildings are under roof, and the work is progressing favorably. He said the trustees of the hospital were a unit in favoring the early opening of the institution, and the only difference of opinion was as to the time when it could be successfully done.*

The total cost of the buildings to this date is about nine hundred thousand dollars, as I learn from good authority. It seems to me that the decision to postpone the opening until at least one hundred and fifty beds are in readiness is a wise one. It is highly desirable that the medical department of the university should be organized before the hospital is opened; certainly the clinical teachers should at all events be selected. It would be a great pity to run the risks of the complications and disappointments which must follow a premature opening before the university is ready to co-operate.

Yours very respectfully, X.

PROCEEDINGS OF SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

A CLINICAL meeting of the Society was held at the hall of the Society, Philadelphia, October 18, 1882.

DISCUSSION ON DR. FORMAD'S PAPER, "THE BACILLUS TUBERCULOSIS," ETC.

Dr. Joseph C. Richardson remarked that he had several years since reported a remarkable case of diphtheria, in which a child died with the whole outer surface of the throat—which had been abraded by mustard plasters—covered with false membrane, the exudation having at that time disappeared from the pharynx, where it was abundant earlier in the attack.* He also desired to call attention to one of the analogies which might be found in nature to the germ-theory doctrine of different

disease-germs being microscopically indistinguishable, yet capable of developing into the causes of totally diverse contagious maladies. Dr. Formad had stated it was improbable that distinct varieties of similar micrococci to the number accused of causing smallpox, measles, scarlatina, etc., could exist; and yet if you took the spermatozooids of an African, a Malay, an Indian, and a Caucasian,—notwithstanding they were exactly alike morphologically, chemically, and in their reaction with staining fluids,—and introduced them into suitable culture apparatus, you would find them, after a suitable number of months, so developed that they differed from one another as much as black does from white. In the same way, it was possible that the micrococcus of diphtheria, for example, might be quite indistinguishable, with our present means of observation, from the micrococcus of typhoid or of yellow fever, and yet possess entirely different developmental powers; and this seems the more probable because for ages the germs of the contagious diseases have been known to "breed true," and produce the same series of symptoms in successive generations of the human race.

Dr. Richardson further explained the theory he had, as stated by Dr. Formad, long advocated,—that the lesions in zymotic diseases are largely due to the mere *mechanical pressure* and *mechanical obstruction* produced by millions of micrococci. In this connection he desired to say that, although an ardent believer in the germ-theory of disease from a time when such a profession was less honorable than at present, he agreed with Dr. Formad that more proof is necessary before we can accept Dr. Koch's so-called discovery, first, because, according to this theory of mechanical action by the heaps and masses of the vegetable parasites, we ought to find the bacilli in great abundance in tubercular nodules, whereas it is stated by some investigators that they are often so few in number as to render their demonstration no easy matter; and, second, because it is difficult to believe that where, for instance, the grandchild of a consumptive man dies tuberculous (its father remaining healthy), the germs of *Bacillus tuberculosis* have been transmitted through two generations of spermatozooids with their fatal powers of injuring the human organism unabated. As a means of explaining some of the curious phenomena of tuberculosis, and also of syphilis, he had for years taught the provisional acceptance of the graft-theory of disease.

Dr. Bruen called Dr. Formad's attention to the experiments of Dr. Hippolyte Martin, of Paris, who holds that tubercle is an infective malady originating in a specific virus, and that its propagation arises solely in the transference of this matter from person to person. By this one peculiarity does he distinguish between true and false tubercle. True tubercle produces general tuberculosis from a local

* See Philadelphia Medical Times, July 10, 1875.

infection, the virus increasing with successive inoculations, whereas non-tuberculous matter produces, after inoculation, local tubercle, but inoculation from this second tubercle is quite powerless to produce general tuberculosis. Anatomically, pseudo and true tubercle are indistinguishable. The only true test is inoculation, as above.

Dr. Bruen also cited experiments by Tappeiner-Berthan, Weichselbaum, of Vienna, who caused dogs and cats to be confined in rooms into which a spray was introduced carrying in solution sputa from tuberculous patients. Tuberculosis was established in all these cases. Animals placed in rooms filled with non-tubercular spray survived healthy.

Giboux, of Paris, also has confined rabbits in a cage in a room into which he forced twenty to twenty-five litres of air taken from lungs of tubercular subjects. General tuberculosis always ensued; but if the animals were confined in cages in apartments supplied with the same amount of air filtered through carbolized tow or cotton, no disease ensued.

Dr. Bruen also quoted some filtration experiments of Koch, who mixed the bacilli in fluids from tubercular patients, and then filtered these fluids through porous earthen jars. The fluid sweated through the jars was always innocuous; but the material remaining in the jar with the bacilli produced tubercle.

Dr. Bruen thought these experiments should be repeated, since in some form tuberculosis has seemed slightly contagious from a clinical stand-point.

Dr. Bartholow said that, since he had been called on by the Chair, he would make a few observations on three points. Dr. Formad alluded rather slightly, it seemed to him, to the work of Cohnheim. It would be rather singular to have any one at this time set about his defence. If Cohnheim had done nothing else than demonstrated the migration of the white corpuscles, and shown the importance of terminal arteries as factors in pathological processes, these would be sufficient, surely, to give him a foremost place among the pathologists of our time.

As regards the infective nature of tubercle, and the relation of a minute organism thereto, he had been disappointed that Dr. Formad had nothing to say of those remarkable filtration experiments by which the parasite was separated from the medium in which it was contained. It was thus ascertained that when separated the fluid without organisms had the same infective property as before. If these observations be confirmed, they would seem to indicate that the organisms have a part in the production of the infective principle without actually being this principle. They would, from this point of view, have a sort of catalytic action, just as the yeast-plant has in ordinary alcoholic fermentation.

The third point to be noted is the clinical experience showing the communicability of

consumption. How much soever we may disagree about the *Bacillus tuberculosis*, clinical observers have been recording many examples of apparent transmission of the disease. Dr. Webb, of this city, for example, has published several very striking instances. Leudet, of France, has also lately recorded a number of observations. Indeed, it is a matter of common observation that a phthisical wife is apt to be followed by a phthisical husband, and *vice versa*. Whether or not we admit the reality of Koch's discovery, we must assent to the doctrine of the specificity of tubercle.

Dr. James Tyson said that in order to establish the proposition that bacillus is the cause of tuberculosis, two conditions must be proved: first, that the inoculation of the bacillus, pure and unadulterated by foreign material, is capable of producing tuberculosis; second, that the inoculation of no other substance resulted in the disease. Whether the former can be done—that is, whether the bacilli, by culture, can be obtained thus unadulterated—was a question he did not feel qualified to decide, but that tuberculosis may be produced by the inoculation of matters other than tuberculous he did not think could be denied by an unprejudiced observer. Hence he must consider the proposition not proved.

Dr. Tyson thought that, while our skill in microscopic manipulation had been greatly sharpened, and the results of the use of the instrument are much more reliable than formerly, we have not yet acquired such mathematical accuracy as to avoid errors of interpretation by the best observers. It is still true that two observers may look at the same object through the same microscope and with the same amplifications and draw different conclusions from the same picture, and, reasoning on these conclusions, come to still more diverse results. Every discovery of the kind claimed by Koch, together with the numerous observations which grow out of it, is a part of the school of training which is finally to fit us to solve this and similar problems.

In the matter of the filtration experiments referred to by Dr. Bartholow, Dr. Tyson said that the results of attempts to filter out bacteria from septic fluids were at least unsatisfactory, and, if he recalled them aright, the fluids from which it was attempted to remove the bacteria retained to a degree their virulent properties, while it was impossible to deny that in removing the bacteria, other elements in which noxious properties might reside were also eliminated.

As to the repeated recurrence of diphtheritic membrane on localities whence it has been stripped, alluded to by Dr. Richardson in evidence that diphtheria is a constitutional disorder, Dr. Tyson said such recurrence was simply the result of the intensity of the local inflammation. Wherever inflammation is sufficiently intense, fibrinogen and fibro-

plastin are exuded, and from their union results the fibrinous or diphtheritic deposit; and so long as such intensity remains, the diphtheritic deposit will be reproduced.

Dr. J. Solis Cohen desired to express his individual estimation of a portion of the remarks made in Dr. Formad's demonstration, which had not attracted comment from the previous speakers, and which he believed to be of far greater importance than the most elaborate speculations about a bacillus. He alluded to the anatomical point advanced as a probable determining factor in tuberculosis,—a point which could be readily decided by observation, and which, if confirmed, would certainly stamp the evening with the impress of a new and important era in our comprehension of the pathology of tubercle and tuberculosis.

If he understood the lecturer aright, the views advanced might be concisely expressed as follows: that tubercle is the result of inflammation occurring in animals or human beings possessed of a peculiar abnormal anatomy,—i.e., a narrowing of the lymph-spaces in the connective tissue,—and that, owing to this limited size of the lymph-spaces, these channels become choked up with the mass of young cells developed in the course of the inflammatory process, whether from the tissues themselves or from the wandering white blood-corpuscles. These accumulated inflammation corpuscles, being thus prevented from undergoing absorption as in inflammatory processes occurring in tissues with normal-sized lymph-spaces, form the granulation tubercle, here and there becoming massed into nodular tubercle, which, incapable of absorption and unprovided with blood-supply for its maintenance, must necessarily perish.

Furthermore, the lecturer had stated that he had determined the anatomical fact that in animals readily tuberculizable, such as the rabbit and guinea-pig, and in scrofulous children and in adults the subjects of tuberculosis, the lymph-spaces were small; while in animals not readily tuberculizable, as the dog and cat, and in the healthy human subject, these lymph-spaces were large; and that upon this fact he founds his theory.

The speaker believed it generally admitted that those animals readily tuberculated under ordinary laboratory experiments are by no means so liable to tuberculosis under the experiments alluded to if they are well fed and allowed plenty of air and freedom of motion; while, on the other hand, it was equally acknowledged that animals which are ordinarily exempt from tuberculation, as cats and dogs, are rendered tuberculizable under these experiments if closely confined and deteriorated by insufficient nourishment and want of fresh air, as exemplified in one of the personal instances mentioned by Dr. Formad.

Now, the transmissibility of tuberculosis from wife to husband, or, as is much more

frequent, from husband to wife, might be explicable on the hypothesis that want of regularity in meals and in diet, lack of efficient ventilation, want of muscular movements to keep the connective tissue of the nursing wife in proper extension, might artificially produce such diminution in the capacity of the lymph-spaces as to approach the condition described by Dr. Formad as normal in tuberculizable animals, and peculiar to scrofulous children and adults predisposed to tuberculosis. What would otherwise be a slight cold or a moderate inflammation excited in the bronchial tubes or alveoli of a nursing wife, might, under such circumstances, without any infectious character whatever, arouse a tuberculosis which would not have occurred had the wife been regular in her diet and careful to secure sufficient bodily movements in the fresh air. Dr. Cohen recognized an important clinico-pathological relation between Dr. Formad's theory and proper hygienic prophylaxis, which accounted for the benefit received by fresh air, good food, and efficient muscular movements in individuals predisposed or exposed to tuberculosis, and he therefore warmly seconded Dr. Formad's request that a committee be appointed by the Society to investigate this point, and determine whether the condition of the lymph-spaces in the instances mentioned had any positive relation to tuberculosis or to tuberculation.

As to the bacillus of tubercle, he knew nothing from personal observation, and therefore refrained from engaging in its discussion.

Dr. Dulles said he thought the Society and the community owe thanks to Dr. Formad for publicly opposing the theories which had been advanced by Koch and accepted with a most astonishing avidity by the profession. There is nothing more tempting than the idea of having a complete theory in regard to an obscure subject, and there is nothing which has done more damage to the true progress of science than the hasty adoption of false theories which this temptation has led to. Koch's theory in regard to tuberculosis may be true, but as yet it has not been at all satisfactorily proved; and the truth in regard to it is more likely to be discovered if it meets with opposition instead of being at once yielded to. It will thus be put to proof, and fall if it be false; while, if it be true, it will be all the more surely established.

A NEW EPILATING FORCEPS, DESIGNED BY DR. CUMMISKEY, AND MADE BY D. W. KOLBE & SON, OF PHILADELPHIA, PRESENTED FOR EXAMINATION TO THE SOCIETY.

Dr. Cummiskey said that the idea of a specially-designed forceps for epilating purposes was not a new one, as Bazin had described two instruments, which, though smaller, doubtless served the purpose very well. This instrument has two ends, the small end measuring one and a half centimetres in length and

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Guarana.
Helianthella.
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Iron Wood.
Jaborandi.
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Jamaica Pimento Leaves.
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seven millimetres in width, and the large end measuring one and a half centimetres in width and seven millimetres in length. The whole length is fifteen centimetres. It is about twice the size of the instruments described by Bazin, and therefore enables the operator to proceed with greater facility. The smaller end is used first, and after the thickly-grown hairs are pretty well got rid of, then the larger end is used to remove the remaining scattering hairs. Some attention should be given to the preparation of the part to be epilated. The hair should be cut short,—to within one-eighth of an inch of the skin,—and for a day or two previously oil of cade should be applied several times a day, to render the extraction less painful. Blistering with cantharides will also effect the same purpose. Hairs much diseased are removed without pain and come out readily; but where the diseased and healthy hairs are more or less mixed together, the operation must include all, and then there must be some pain experienced, which is greater or less according to the care used in preparing the part for the operation. The crown, the temples, and the fringe extending from behind the ears along the upper part of the neck are the parts where epilating is most severe, and upon these places recourse may be had to ether, chloroform, or tincture of aconite to diminish pain. In using the forceps, care should be taken not to allow the blades to open more than just sufficient to grasp a very narrow line of hairs; for when too wide a grasp is taken, hairs are broken off, and the part must be gone over again. The extraction should be made in the direction of the hair-growth, and after a small portion is denuded thoroughly the oil of cade should be well rubbed into the skin.

This instrument will greatly facilitate the tedious operation of epilation, and by its early use doubtless be the means of preventing permanent alopecia, which, in neglected cases of parasitic diseases of the hairs, is greatly to be feared.

INTERNAL USE OF CHRYSOPHANIC ACID FOR PSORIASIS.—A case of general psoriasis treated by chrysophanic acid internally is reported in the *Lancet* (No. 17), of a girl, 13 years of age, in whom the disease had existed six months. The acid was gradually increased from gr. $\frac{1}{4}$ to gr. ii in the course of three months, but improvement was slow. Vomiting was frequent. The drug was afterwards used locally (gr. xx to vaseline \mathfrak{z} i), after which rapid improvement took place, a cure resulting.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

STATED MEETING, OCTOBER 9, 1882.

The PRESIDENT, Dr. JAMES TYSON, in the chair.

Myxomatous tumor of the posterior cervical region. Presented by Dr. NANCREDE for Dr. W. G. MACCONNELL.

THE tumor was removed by Dr. J. H. Brinton, at the Jefferson College Hospital clinic, some ten days since. The patient was a little boy, aged 4 years, whose parents had first noticed the growth about two years ago. Latterly it had grown with considerable rapidity. It was of firm consistence, lobulated, and movable beneath the skin, giving the impression that it was a fibrous tumor. After removal, in addition to the above-mentioned characteristics, it was found surrounded by a capsule, and on section looked somewhat suggestive of myxoma; still, it was thought by some to be merely a fatty tumor containing more fibrous tissue than usual.

Microscopic examination by Dr. MacConnell.—Upon examining a frozen section stained with iodine, meshes of capillaries are seen, in the walls of which the endothelial cells composing the vessels can be distinctly seen. The aforesaid meshes contain the mucoid structure traversed by large pale fusiform cells, the processes of which anastomose with each other. In addition, many leucocytes are seen, and interspersing the growth in every direction numerous yellow elastic fibres are readily distinguished.

When presenting the specimen, Dr. Nancrede commented on the rarity of such growths.

Dr. S. W. GROSS said he had himself presented several gelatinous polypi of the nose a number of years ago, which were most characteristic examples of myxomatous tissue. He could also recall a specimen of subcutaneous myxoma of the forearm, as well as the hæmatoid myxoma of the breast referred to by Dr. Nancrede. He was disposed to consider it the rarest of all neoplasms of the breast; indeed, he had never personally met with one; and when preparing his work on tumors of the breast, he had written to numerous surgeons throughout the country, who all replied that they had never met with one affecting the breast.

Dr. FORMAD remarked that he had exhibited a myxomatous fibroma of the labium some years since, and said that the peculiar milky appearance assumed by the fluid when such

growths were thrown into alcohol was a good diagnostic point.

Dr. SHAKESPEARE said that his personal experience as to the rarity coincided with that of Dr. Gross. This specimen is one of the rarest forms, as most of the fibrillæ consist of yellow elastic tissue. The rarity of myxomatous tumors seems to him to have much bearing on the views of Cohnheim and others as to the etiology of tumors. The observers insist that all tumors spring from the remains of fetal tissues not made use of in tissue-construction, which remain dormant in their embryonal condition until subjected to some irritation, when they develop into the various neoplasms. Now, tissue practically identical with that found in myxomata pervades the fetus. How, then, is it that portions of this do not remain to give rise to myxomata? On the contrary, myxomata are among the rarest of the neoplasms.

Specimens from a man who died with brain, lung, heart, liver, spleen, kidney, and bladder lesions. Presented by Dr. J. T. ESKRIDGE.

The specimens showing the above lesions were removed from the body of a man aged 68 years. The patient had become deaf in the right ear thirty years before, while suffering from some brain-disturbance. Attacks of jaundice, with gradually increasing permanent discoloration of the skin, had extended over a period of ten years. Since 1877 he had complained of incontinence of urine, an oppressed feeling over the hepatic region, dropsy in the feet and face, and a gradual loss of flesh and strength. The two years preceding his death he had been unable to work, but was confined to bed only five days. During the latter period his symptoms were, in the order in which they were developed, great prostration, scanty secretion of urine, blindness for twenty-four hours preceding repeated convulsions, loss of speech, and almost total inability to swallow, although consciousness was preserved until coma ushered in death. His temperature (axillary) did not rise above 100.5°. The surface head-temperature nearly equalled that of the axilla. No paralysis of the muscles of the face or extremities. The liver during life did not appear to be enlarged or altered in its outline.

The post-mortem examination revealed, in the brain, engorgement of the veins, with some effusion, slight pia-mater inflammation in the neighborhood of the fissure of Rolando, apparent degenerative changes in the left island of Reil and anterior portion of the left temporo-sphenoidal lobe; in the pleura and lungs, old and numerous pleuritic adhesions, lobular and vesicular emphysema of the lungs, congestion of both lower lobes, and a nodule (probably cancerous) of the left apex; in the heart, fatty degeneration, dilated right ven-

tricle, and incompetent right mitral valves from ossific change; in the liver, multiple cancer, without an increase in size or a nodular condition of the organ; in the spleen, marked increase of fibrous tissue and atrophy of the gland to one-half or less its normal size; in the kidneys and ureters, the last stages of pyo-nephrosis, the glandular tissue being nearly all destroyed; the pelvis were as large as a good-sized orange, and the ureters dilated so as to admit a man's thumb; in the bladder, great hypertrophy of the mucous membrane, with decrease of the capacity of the viscus.

Primary carcinoma of pancreas and liver.
Presented by Dr. E. T. BRUEN.

The interesting features are the age of the patient (24 years) and the rapidity of the case. These rendered the diagnosis of malignant disease doubtful until the appearance of nodular tumors in the liver. The family history was free from hereditary disease. The disease dated from September, 1881. Death occurred on January 15, 1882. At first the symptoms related solely to the digestive tract, such as a dull, heavy sensation after eating, with acid eructations and occasional vomiting. Subsequently, sharp, cramp-like pains in the abdomen were a prominent symptom. After the lapse of a week there commenced general itching, and two weeks later the skin became yellow. This yellowness and itching never disappeared during the history of the case. At the autopsy the gall-duct was found obstructed by the enlarged head of the pancreas, so that extreme dilatation of the gall-bladder had ensued. This was probably the cause of the jaundice, and not the liver-disease itself. The bowels were regular and the appetite good when first seen. The case then presented evidences of partial obstruction of the gall-duct, with digestive disorder, but without the symptoms characteristic of malignant disease of the stomach or bowels. By the middle of December, 1881, the liver-dulness extended from the fourth interspace to three inches below the ribs in the nipple-line; from the ensiform cartilage the line of dulness extended to within one inch of the umbilicus. The hepatic region was tender on pressure, especially over the epigastrium. The patient complained about this time of dull pain over the liver, with gripping pain in the abdomen. The pulse was 76 per minute. He had lost four pounds since admission, and looked thin. About this time a small inequality was noticed on the surface of the liver, three inches above and a little to the inner side of the umbilicus. The spleen was enlarged. By January 7 the bosselation of the liver became distinct, and the enlarged gall-bladder, rendered irregular by gall-stones, presented a slowly increasing, elastic, tender tumor, situated to the right of the epigastrium and umbilicus. By January

12 the pulse became rapid (130 per minute), the patient rapidly failed, and death occurred January 15.

Autopsy.—The pancreas was enlarged to double its size, the growth chiefly occupying its head and compressing the common bile-duct. Microscopic examination showed it to be scirrhus carcinoma. The liver was thickly studded with nodules of medullary carcinoma, explaining the ante-mortem bosselated feel of the organ. The gall-bladder was distended to twice its normal size, and contained a number of gall-stones.

Remarks.—The duodenal end of the organ, as is usual, was the seat of the disease. In a paper on thirty-nine cases of primary carcinoma of the pancreas, in St. Bartholomew's Hospital Report for 1881, jaundice is stated to have been always present, while in twenty-four cases of secondary carcinoma it was noticed in but seven cases. This is presumably from the secondary growth occurring in some other portion of the organ than its head. Murchison says that the characteristic symptoms of carcinoma of the pancreas are pain in the pancreatic region, sensible tumor, and persistent jaundice. To these Dr. Bruen would add intestinal dyspepsia, which differs in some essential features from the dyspepsia of organic disease of the stomach.

Dr. MUSSER remarked that he could vouch for there being a distinct tumor of the pancreas, as he was present at the autopsy. The case had been under his observation in the dispensary one month prior to admission to the hospital. On account of the age, he was puzzled as to an exact diagnosis, although confident that the cause of the jaundice was obstruction. He noted, among other symptoms, the intense itching of the skin,—a point of importance, Sims says, in the diagnosis of obstructive jaundice from that due to suppression. In five cases of tumor of the pancreas he had lately seen, all were accompanied by jaundice.

Dr. BRUEN called attention to the uncertainty of bosselation as a symptom of malignant disease of the liver. He had presented to this Society, only two weeks since, a liver exemplifying this condition in a marked degree, where nothing beyond cirrhosis in the stage of enlargement existed. The occurrence of carcinoma of the liver at so early an age is unusual, although Dr. Pepper had shown a specimen of the disease to this Society, some years ago, occurring in an infant.

Dr. TYSON said that there were two points in this case of great interest to him: first, jaundice in carcinoma of the pancreas, while it is a frequent symptom, is by no means an invariable one. Seven years ago he presented to this Society the specimens from a case of primary pancreatic carcinoma, where no jaundice had been present, and six months ago he presented to the Society a specimen of enlargement of the head of the pancreas

from a patient who also presented no symptoms of jaundice. Secondly, as to the diagnosis from cancer of the stomach, he had noted in his experience, as was mentioned in the history of Dr. Bruen's case, the absence of gastric symptoms. This negative symptom is of importance, since the tumor is often detected in precisely the same spot in both these diseases. The absence of gastric symptoms, with intestinal indigestion, irrespective of fatty diarrhoea, he considered the most reliable diagnostic point between carcinoma of the pancreas and carcinoma of the stomach.

Spindle-celled sarcoma of the small intestine.
Presented by Dr. W. A. EDWARDS.

On September 23, 1882, I was asked to assist Dr. W. F. Atlee in the removal of an abdominal tumor. The patient, æt. 48 years, whose menstruation had ceased at 31 years, first noticed the swelling in April last. On the day of operation she measured thirty-eight inches around the abdomen. The usual incision was made, and the tumor reached, when its surface was seen to be of a dark purple hue, with a net-work of large veins ramifying in every part of its serous covering. A trocar and canula were introduced, but nothing but blood followed the withdrawal of the trocar. The sac was then torn open, and its contents, of a soft brain-like consistence, were emptied out. The growth was now turned out of the abdominal cavity. There was no distinct pedicle, but an attachment to the intestine of about the size of a half-dollar was seen. Dr. Atlee says, "When I emptied the sac of its soft contents, I examined carefully—with *extreme care*—the part fastened to the intestine, and my fingers passed into the intestinal tube." A silk cord was tied around the attached portion, and the remainder of the growth removed. The omentum was attached to the growth for a space of two inches. This was ligated and cut away, and the abdominal wound was closed, etc.

Death occurred September 25, at 4 A.M.

This growth sprang primarily from the sub-mucous tissue of the small intestine, and grew with great rapidity, as the patient was only aware of its presence last April, and by September she measured, as above stated, thirty-eight inches. *Microscopical* examinations of preparations taken from several portions of the growth clearly show it to be a spindle-celled sarcoma, and a most typical one at that. The small intestine is an unusual site for this neoplasm. As far as I am able to ascertain, there is no recorded instance of its occurrence in this situation. My friend Dr. Formad, to whom I have shown the growth, concurs with me in this statement. On the day of operation I noted as well as I could the absence of all secondary deposits. The surrounding intestines and peritoneum were apparently normal, not even unduly hyperæmic. No post-mortem was permitted.

Chronic parenchymatous nephritis complicating phthisis pulmonalis. Presented by Dr. JAMES TYSON.

My object in showing these kidneys is to illustrate the morbid anatomy of the renal complications which so frequently attend the later stages of phthisis pulmonalis. It is very well understood that when œdema of the feet and legs presents itself in cases of consumption, usually the end is not far distant; but the renal complication which is at the bottom of such œdema is often overlooked. It is, of course, not impossible that there should be œdema in the last stages of phthisis from simple alteration in the composition of the blood (a watery state of it); but in the majority of instances it means that the kidneys have become involved. As to the form of disease affecting the kidneys, it is acknowledged that it may be either lardaceous disease or chronic parenchymatous nephritis; but I think the impression prevails (it was, at least, my own until recently) that the amyloid kidney is the most frequent complication. I believe, however, that the chronic parenchymatous nephritis is more common; and it becomes a matter of interest, if not of importance, to be able to distinguish between these two conditions. It is well known that the microscopic and clinical characters of the urine in these two forms of kidney-disease are often identical, so that no assistance is afforded by a study of the urine. The history of the case, of course, leads to neither particular form, but suggests both. One criterion only can I recall to aid us, and that is the presence of enlarged liver. So commonly associated is the enlarged amyloid liver with amyloid kidney that the absence of it almost necessarily precludes the presence of amyloid kidney. At least, I am sure we would err less frequently if we were to consider all cases of renal disease attending consumption, unattended by enlarged liver, to be parenchymatous nephritis rather than lardaceous disease. It is true we often have enlarged fatty liver in consumption, but the degree of enlargement never reaches that of the amyloid liver; and hereafter I shall be inclined to consider all cases of renal disease complicating consumption to be parenchymatous nephritis, unless they are associated with enlarged liver, when I shall conclude that they are instances of amyloid disease.

Dr. BRUEN considered that the passage of large quantities of urine, and a history of specific disease or of prolonged suppuration preceding the kidney-trouble, would warrant a diagnosis of amyloid renal disease.

Dr. MUSSER would ask whether the heart was hypertrophied, and what was Dr. Tyson's experience regarding hypertrophy of that organ in cases of amyloid disease and of chronic tubal inflammation of the kidneys. If not too late, he would like to call attention to the absence of cardiac hypertrophy, with an infinite degree

of obstruction in the renal circulation, in the case Dr. Eskridge had presented. This is in direct opposition to the view held by some that the hypertrophy of the heart is a sequence of the renal obstruction in chronic interstitial nephritis.

Dr. TYSON replied that in this particular instance he did not see the heart, and could not tell whether it was hypertrophied or not. The same law holds good for amyloid kidney as for chronic nephritis: if the case last long enough, hypertrophy is sure to be found sooner or later.

Echymoses of the mucous membrane of the stomach. Presented by Dr. J. M. BARTON.

The history of the case was that of chronic lung-trouble. The stomach, upon being opened, presented an irregularly-shaped extravasation of blood about two-thirds of an inch in diameter. The mucous membrane covering the effusion was healthy, as it was in the rest of its extent.

Dr. TYSON remarked that these effusions are not uncommon, but he had never seen them except in their pin-point form.

Dr. ROBERTS asked if there had been violent vomiting recently.

Dr. BARTON replied that nothing of this sort had been observed for some months prior to death.

NEW YORK ACADEMY OF MEDICINE.

NOVEMBER 16, 1882.

FORDYCE BARKER, M.D., LL.D., President, in the chair.

THE scientific paper of the evening was read by Dr. P. L. MORROW, and was entitled "*Excision of Chancre as a Means of Aborting Syphilis.*"

"Is it possible," said the author, "by excision of the initial lesion to destroy the syphilitic virus and prevent the infection of the general system? Such is the question which at the present time is engaging the serious attention of syphilologists both in this country and in Europe." The excision of the chancre was almost the universal practice of the profession until within a comparatively recent date. It then fell into disuse until about 1877, since which time it had been practised somewhat extensively in Germany, less so in France, and scarcely any in England and America. John Hunter, Benjamin Bell, and many others eminent in the profession at that time, believed that the general system became affected with the syphilitic virus secondarily to the local expression of the disease, and that therefore if the chancre were excised sufficiently early the disease would be aborted. If, as was claimed by the opponents of excision, the general system became contaminated immediately after the introduction of the virus, it would be useless to resort to

local measures for aborting the disease. We were embarrassed, in the study of the subject, by our entire ignorance of the nature of the virus which produced syphilis. It could not be examined by microscopical or chemical tests. Our knowledge of it was altogether limited to its effects upon the organism. Considering the subject from analogy, the author of the paper thought that the mode of action of the poison in the acute exanthemata and in vaccination would probably sustain the view that the constitutional affection took place with the introduction of the syphilitic virus. Experiments on horses, by the introduction of the virus of glanders and cauterization or excision of the part within a few minutes afterwards, lent support to this view. All the animals thus experimented upon took the disease and died. Dr. Morrow read a tabulated list of a number of cases in which excision or cauterization of the initial lesion had been performed by a large number of authors, giving also the number of failures and successes. Out of two hundred and twenty-two cases there were claimed only sixty successes. In drawing these conclusions, however, there were certain possibilities of error. First, a number of the experimenters were unicists, believing in the identity of chancre and chancroid. In the cases of chancroid, which was simply a local disease, as the author believed, of course no constitutional symptoms would manifest themselves, whether or not the local lesion were extirpated. Second, there might be doubts about the diagnosis, for in a number of these cases the lymphatic glands were not affected, and there was absence of signs which many regarded as necessary to establish a positive diagnosis of syphilis. Third, the insufficient observation to which the patient was subjected after the operation. Many of the patients were observed only four or five months,—a period too short to justify the inference of the absence of syphilitic infection. Again, we knew that in many cases the early history of syphilis was very benign, the symptoms perhaps passing unrecognized; but this was no indication that the tertiary symptoms would also prove to be mild. After quoting Ricord's views favoring the extirpation of the initial lesion, and pointing out the liabilities to error in drawing conclusions from his statements, Fournier was quoted to the effect that the initial chancre was the most insignificant of erosions, and when one cauterized what he supposed to be such, he did not know really what he was cauterizing, and he believed, therefore, that to cut away a chancre with the object of preventing infection was purely illusory.

The author referred to the method of excising the initial chancre, of extirpation by the cautery, and also to the practice of some of thorough cleanliness as a substitute for extirpation.

Some of the conclusions reached were—first, that the facts of clinical experience, as well as deductions from analogy and experiments, were opposed to the theory of the local nature of chancre upon which the practice of excision was based. Second, that the practice of excision of chancre as a means of aborting syphilis was condemned by its clinical results when these results are weighed in the balance of a discriminating judgment, due regard being had to the possibility of error. Again, there was no evidence that the excision of chancre modified the constitutional symptoms of syphilis, if they appeared, by making them milder. Nor could the practice, as a means of treating a local sore, be considered in harmony with the principles of sound surgery, since, if left alone, the induration would undergo spontaneous absorption and thus avoid the occurrence of a cicatrix.

DISCUSSION.

Dr. E. L. KEYES said the author of the paper had treated of the subject under consideration so exhaustively, and had so nearly expressed his own views, that it was unnecessary for him to add anything thereto. He did not believe that syphilis at the present time was so severe as it was in the fifteenth century. He read a part of a letter received from a physician who had been a resident of the Sandwich Islands for a number of years, in which it was stated that the population of those islands when the first census was taken, forty years ago, was 110,000, while to-day it was only about 40,000. This rapid falling off in the population was supposed to be due to the effect of syphilis introduced among a virgin people at the time of the discovery of the islands by Captain Cook. At that time the disease was unknown among this people. The custom of the natives was such as to favor a rapid extension of syphilis. It would be considered an insult among them if a man staying all night at a friend's house were not invited to sleep with the wife, nor could a woman refuse any man the liberty of her person without offering him an insult. In those people, however, among whom syphilis had existed for generations, the affection, according to Dr. Keyes's observation, proved to be almost uniformly of a mild type. He did not believe in the efficacy claimed for excision.

Dr. E. B. BRONSON concurred in the views expressed in the paper, and said that he had performed excision of chancre in several cases, but he was unable to draw any definite conclusions as to the value of the practice.

Dr. G. H. FOX could accept the conclusions drawn by the author of the paper in most respects. He had performed excision of chancre in but two cases. In one, the constitutional symptoms did not follow; in the other, they occurred in a mild form. He

himself was inclined to believe that syphilis was at first a local disease, and theoretically that excision would abort the constitutional symptoms, but he thought statistics showed that practically it did not. It was his opinion that the description of syphilis, as given by the older writers, was that of the severer cases, but that the average case was probably no more severe than the average case of the present day, which, indeed, was comparatively mild.

Dr. F. R. STURGIS heartily concurred in all that Dr. Morrow had read, and mentioned the fact that the absence of adenitis, which was true of many of the cases reported in which the chancre had been excised, cast a strong doubt upon the diagnosis of syphilis. The cases mentioned by the French authors were reported more in detail generally than were those reported by the Germans, and it would be seen that in every case in which the diagnosis of syphilis was further confirmed by the presence of adenitis, the constitutional effects followed excision of the chancre.

Dr. E. D. BULKLEY had excised the chancre in but one case, and in that one constitutional syphilis followed in its severest form. He agreed in general with the conclusions drawn by the author, but it seemed that if in many of the cases reported a chancroid had been removed instead of a chancre, the effect upon the chancroidal lesion was beneficial, and it would be a proper operation to perform, whichever of the two lesions might be present.

Dr. R. W. TAYLOR had performed excision of the initial lesion of syphilis in fifteen cases, and in no case had it aborted the constitutional symptoms. In one case he had definite knowledge of the time of the contraction of the disease. On the twenty-first day after its contraction he washed the initial lesion with carbolic water, applied a little carbolic acid, then dusted it over with calomel, lifted up the chancre and cut it away, together with tissue for a quarter of an inch around it. The wound healed nicely within ten days. The patient had no enlargement of the glands. On the forty-fifth day the roseola broke out. The period of incubation seemed to be prolonged in some cases in which excision of the chancre had been performed, extending even to the seventieth and eightieth day. He believed that when the mercurial treatment was postponed until the second stage the cases did better than if this treatment were adopted earlier.

Dr. F. N. ORIS thought that in order to discuss the subject intelligently we should consider the way in which the syphilitic poison entered the system. He then quoted authors in support of his view that the syphilitic germ, so to speak, entered the system through the lymphatic system, at first exciting a cell-proliferation at the point of the

initial lesion, and it stood to reason that if it were practicable to excise this sufficiently early, before the neighboring glands were affected, the disease would be aborted. Whether or not this could be done early enough to abort the constitutional affection, he believed it was justifiable on the ground that it at least removed a large amount of the localized cell-proliferation, that it was often of great personal convenience to the patient, as it prevented the local erosion which might otherwise occur, and also seemed to make the constitutional symptoms, should they follow, milder. In the number of cases in which he had performed the operation, the cicatrix, if there were any produced, was very insignificant.

Dr. MORROW, in closing the discussion, said that while the symptoms of syphilis in the average patient might be comparatively mild, he did not think it could be regarded as a benignant affection when we consider its effects upon the fœtus in utero and upon the new-born infant. It occasions repeated abortions, and is very likely to cause death in children.

REVIEWS AND BOOK NOTICES.

ESSENTIALS OF VACCINATION. A Compilation of Facts relating to Vaccine Inoculation, and its Influence in the Prevention of Smallpox. By W. A. HARDAWAY, M.D., Professor of Diseases of the Skin in the Post-Graduate Faculty of the Missouri Medical College, St. Louis. Chicago, Jansen, McClurg & Co., 1882.

It is always hard to render a thrice-told tale so that it may excite the public interest. The task has, however, been accomplished by the author of this little volume. The easy flowing style renders the book most agreeable reading. It is filled with material of the utmost importance to the layman as well as the physician. We should like to see a copy in the hands of each member of the several boards of health of our different cities.

The history of vaccination, variola in animals and its nature, the symptoms and course of vaccinia in the human subject, are discussed. Revaccination is recommended at least once in five years, or after a few months under danger of infection it is important to make a trial of the operation. Bovine virus, stored under suitable supervision, is recommended in preference to long-humanized virus or human virus, unless it can be obtained from undoubtedly healthy subjects. The importance of obtaining the pure lymph for purposes of vaccination is insisted upon, and the old saw "What is worth doing at all is worth doing well" is the text for the chapter on the operation itself. The protection afforded by vaccination is illustrated in the

closing chapter. We select one instance: "In the Franco-Prussian war, smallpox prevailed to an alarming extent, both armies being exposed to the contagion. The German mortality was only 263 men, while the French loss was 23,468, although the latter army was at no time more than half the size of the former. The safety of the German host lies in the fact that in no country is vaccination carried on with greater care than in Germany." (P. 128.)

E. T. B.

THE SURGERY OF THE RECTUM. By HENRY SMITH, F.R.C.S. Fifth Edition. London, J. & A. Churchill, 1882.

This book has been long and favorably known to the profession. The teachings of the author are sound, his experience large, his language clear and concise. With successive editions he has added new evidence concerning his favorite operation for internal hemorrhoids,—that by the serrated clamp and actual cautery,—until, in spite of serious opposition, it has now become a recognized surgical procedure, and may fairly be said to contest with the ligature the claim to pre-eminence. In this country, however, and, we believe, also abroad, the latter operation is the one generally preferred, though in exceptional cases, especially where there are local complications, such as œdema and induration of the tissues at the margin of the anus, coincident prolapsus of the rectum, etc., Mr. Smith's operation is often employed. For the latter affection—prolapsus recti—it seems in his hands to have been so successful as to warrant the assertion that, when operative treatment is required, it should almost invariably be adopted.

His remarks upon the diagnosis and treatment of fistula and of fissure are so practical and so instructive that we are led to regret that so much of the book—nearly one-half—is given up to the consideration of his treatment of piles. The illustrative cases at least—useful enough when his method was new and on trial—might now with advantage be omitted. We observe that the doubtful cases of so-called gonorrhœa of the rectum which appeared in some of the writings on the subject have, very properly, not even been alluded to by the author. The evidence in their favor was never such as to warrant their introduction in a scientific work.

For consultation by the general practitioner, we would prefer the treatises of Van Buren or Allingham; but, in addition to these, it would often be of great advantage to consult this excellent book.

URETHRITIS CAUSED BY FROGS.—Dr. Bonnary, in a recent thesis (*Rev. de Thérapéut.*, No. 19), describes two epidemics of urethritis among soldiers in Africa, caused by eating frogs which had fed upon cantharides.

GLEANINGS FROM EXCHANGES.

COMBINED POISONING WITH OPIUM AND STRYCHNIA.—A letter to the London *Lancet* (October 28) describes a case in which suicide was attempted by a young woman, who took part of a powder of Battle's Vermin-Killer, containing strychnia, of which she must have received about one and one-half grains, and, immediately afterwards, two ounces of laudanum. Nearly four hours later, she was found suffering with marked evidences of opium narcosis. Sulphate of zinc produced prompt emesis; her stomach was well washed out with hot water, mustard-water, and coffee; she was diligently walked up and down, and three hours later was found by the attendant to be improving rapidly, so that it was believed to be impossible that the strychnia had also been taken. Indeed, the only difference noticed between this case and ordinary cases of opium-poisoning consisted in the fact that the pupils were little if at all contracted. One hour later, or eight hours after taking the combined poisons, she had slight convulsive movements of the extremities, which were at first thought to be hysterical, but they gradually increased in violence and frequency until their character was unmistakable. The opium symptoms had now nearly completely disappeared. Half-drachm doses of chloral, given every hour, controlled the paroxysms, and in ten hours later (making eighteen from the time of taking the drugs) she had entirely recovered.

It is worthy of note in this case that the symptoms of strychnia-poisoning were held completely in check for eight hours by the laudanum, and that recovery took place after the unusually large dose of one and one-half grains of strychnia had been swallowed, although the chloral treatment was not instituted until at least nine hours after taking the poison.

THE EFFECTS OF OZONE UPON THE BLOOD.

—The inhalation of ozonized air, according to some recent experiments of Prof. Binz, of Bonn, has effects resembling those of nitrous oxide, but it is irritating to the air-passages: in those who can take a full inspiration it gives rise to an agreeable sense of stimulation, followed by drowsiness. In studying the effect upon blood, it was found to have much less influence than had been supposed by physiologists, who claimed that it exerted an injurious effect upon the globulin, by converting it into methæmoglobin, the ozone itself entering into the reaction and becoming destroyed. Binz found that this was only true in part: the decomposition of ozone by the blood is not complete; considerable traces remain in an unaltered state. The ozone manifestly first combines with the dissolved organic elements, and only attacks the formed elements after prolonged action.

Upon defibrinated and fresh blood a current of ozonized air had very little effect, coagulation was slow, the alkalinity was slightly increased, the blood gradually becoming darker, resembling reduced blood, except that it did not regain its red color on agitation with air. A solution of pure oxyhæmoglobin resisted the action of the ozone much less actively than did the blood, although it never presented alterations in less than ten minutes.—*Lancet*.

MISCELLANY.

A WORTHY MEMORIAL.—At Cambridge, recently, a number of eminent members of Cambridge and Oxford, and others, held a meeting and decided to raise a fund, to be called the "Balfour Fund," for the promotion of research in biology, and especially animal morphology, in memory of the late Professor Francis Maitland Balfour. The Balfour family have given £3000 to the fund, and Dr. Michael Foster has added a legacy of £1000 left by Professor Balfour to be expended in promoting the study of biology.

SIR THOMAS WATSON, now in his ninety-first year, was seized, while at lunch on October 22, we learn with deep regret, with a paresis of the left side, attributed by Dr. Geo. Johnson to arterial obstruction by thrombosis in the neighborhood of the right corpus striatum. There was not much loss of power, and he remained in full possession of his mental faculties; but his remark that "This is the beginning of the end" appears to be only too well founded.

The first of a course of lectures on the "Physical Exploration of the Lungs by Means of Auscultation and Percussion," before the County Medical Society of this city, was delivered before a large and appreciative audience, on November 25, at the College of Physicians. The subject of the first lecture was "The True Mode of Study and its Requirements as regards Auscultation and Percussion; the Signs obtained by Percussion." The next lecture will be given December 16, on "Auscultation and the Respiratory Murmur, with its Abnormal Modifications." The final lecture, on "The Rales and Vocal Signs," will not be delivered until January 13, 1883. The profession has a general invitation to attend these lectures.

A PROSPECTIVE POLYCLINIC IN PHILADELPHIA.—Among recent improvements made at the German Hospital of Philadelphia, which has been considerably enlarged during the present year, is a clinical amphitheatre, for the purpose of utilizing the valuable medical and surgical material of this first-class hospital for medical instruction. This adds another opportunity and inducement to the ad-

vantages already offered to medical students to select this city for obtaining a medical education, where both hospitals and clinical material are abundant.

KOUMYSS is used in Russia for indigestion and diarrhoea in infants, given in teaspoonful doses frequently repeated.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY FROM NOVEMBER 14 TO NOVEMBER 23, 1882.

McKEE, JAMES C., MAJOR AND SURGEON.—Now awaiting orders, is assigned to duty in the Department of California. S. O., Paragraph 10, No. 273, A. G. O., November 23, 1882.

BILL, JOSEPH H., MAJOR AND SURGEON.—At expiration of present leave to report to the Commanding General, Department of the Platte, for assignment to duty. S. O., Paragraph 10, No. 273, A. G. O., November 23, 1882.

ALDEN, CHARLES H., MAJOR AND SURGEON.—At expiration of present leave to report to the Commanding General, Department of Dakota, for assignment to duty. S. O., Paragraph 10, No. 273, A. G. O., November 23, 1882.

CLEARY, PETER J. A., CAPTAIN AND ASSISTANT-SURGEON.—Now awaiting orders; will report to the Commanding General, Department of Dakota, for assignment to duty. S. O., Paragraph 10, No. 273, A. G. O., November 23, 1882.

MUNDAY, BENJAMIN, FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Will be relieved from duty at Willet's Point, New York, and assigned to duty in the Department of the Columbia. S. O., Paragraph 10, No. 273, A. G. O., November 23, 1882.

BARNETT, RICHARDS, CAPTAIN AND ASSISTANT-SURGEON.—The leave of absence granted November 1, 1882, is extended five months. S. O., Paragraph 11, No. 273, A. G. O., November 23, 1882.

BROWN, PAUL R., ASSISTANT-SURGEON.—The leave of absence granted May 25, 1882, is extended six months on surgeon's certificate of disability. S. O., Paragraph 7, No. 273, A. G. O., November 23, 1882.

CORSON, JOSEPH K., ASSISTANT-SURGEON.—Is assigned to duty at Jefferson Barrack, Mo. S. O., Paragraph 8, No. 273, A. G. O., November 23, 1882.

SMITH, ANDREW K., MAJOR AND SURGEON.—At the expiration of his present sick leave will be assigned to duty at Willet's Point, New York. S. O. Paragraph 10, No. 273, A. G. O., November 23, 1882.

GARDNER, EDWIN F., CAPTAIN AND ASSISTANT-SURGEON.—Ordered to Fort Walla-Walla for duty. S. O. 161, Paragraph 3, Department of the Columbia, October 26, 1882.

MOORE, JOHN, SURGEON.—The leave of absence granted by S. O. 145, c. s., Department of Colorado, extended one month. S. O. 175, Paragraph 2, Military Division of the Pacific, November 3, 1882.

OWEN, WM. O., JR., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—To proceed to Astoria, Oregon, and report to First-Lieutenant E. B. Rheem, Twenty First Infantry, for duty with his command. S. O. 164, Paragraph 5, Department of the Columbia, October 30, 1882.

WILLIAMS, JOHN W., MAJOR AND SURGEON.—Assigned to duty at Fort Cœur d'Alène, Idaho. S. O. 161, Paragraph 3, Department of the Columbia, October 26, 1882.

REED, WALTER, CAPTAIN AND ASSISTANT-SURGEON.—Relieved from duty in the Department of the East, and assigned to duty in the Department of the Platte. S. O. 266, Paragraph 4, A. G. O., November 14, 1882.

WYETH, M. C., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—To report to Fort Snelling, Minn., for temporary duty. S. O. 185, Paragraph 3, Department of Dakota, November 9, 1882.